

HOW HUMOR AND LAUGHTER HELP ELDERLY PERSONS
IN LONG TERM CARE TRANSCEND DESPAIR

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ABSTRACT

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This qualitative research reviews how humor and laughter can serve long term care residents in transcending despair; ordering ultimate hope and meaning in the defiant power of the human spirit. Triangulation analysis was applied to summarize laughter yoga therapy used as a dereflective pause to initiate self-forgetting for outcomes of ultimate meaning and wellbeing. Exposure to laughter stimuli was an effective intervention in improving quality of life for elderly residents reclaiming meaning. There exists sufficient evidence laughter has positive effects transcending despair.

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The accomplishment of this Doctor of Ministry Project is possible through collaborative efforts. The researcher is grateful for the assistance and help from many people. First, thank you to Magnolia Manor for believing this project would be helpful. The leadership of the corporation, especially Mark Todd, President and CEO, has given affirmation along the way, encouraging the completion of the research. Words are not adequate for the inestimable value of the Americus Magnolia Manor Nursing Center Staff who gave tirelessly of their energies and assistance through the entire project.

Expressions of gratitude are given to those who have been part of this team effort of research; for the Professional Consultants, Dr. Robert Waller, Dr. Kenneth Dinella, and the Reverend Dr. Charles Houston. Their guidance and knowledge have contributed greatly to this work. Special thanks are attributed to JoAnn Sheridan who utilized her gift of proofing this paper for proper grammar and punctuation. Donnie Smith, Superintendent of the Sumter County Board of Education, contributed greatly for part of the statistical analysis of the research data found in this work. Thank you also goes to the cohort team of Spirituality and Aging, faculty, mentors, and peers, formed through United Theological Seminary.

Finally, two very important persons are to be thanked: Chaplains Joy Wilson and John Brodess who accepted being on call and covering the campus work when the researcher was away working on this project.

DEDICATION

To my wife, Jerita, who has shared my life;
and love of laughter, music, and education.

ILLUSTRATIONS

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ABBREVIATIONS

AATH	Association for Applied and Therapeutic Humor
CAM	Complementary and Alternative Medicine
FAC	Resident Information Sheet
ISHS	International Society for Humor Studies
SJ	Indicates person is a member of the Society of Jesuits

INTRODUCTION

When life has no meaning, it becomes empty. Viktor Frankl described a life without meaning as an existential vacuum.¹ For Frankl such a life becomes feelings of emptiness and meaninglessness. Frankl's conviction was that life, every life, holds meaning, and retains meaning to the last breath of the individual. Even under the most severe conditions the life remains meaningful. Viktor Frankl proposed that life is always faced with the elements of the tragic triad: 1. unavoidable suffering, 2. guilt, and 3. death; however, even the tragic and negative aspects of life can be faced by the attitude one adopts toward the predicament.² In Frankl's Logotherapy, a person's human spirit always remains healthy, but access to that healthy area can be blocked. There can be an experience of sickness in the body and the psyche which hinders a person finding meaning and fulfillment in life. Ann Graber reports that for Frankl, there is a "defiant power of the human spirit" which needs to be activated to help deal with current life situations to bring about the desired change of healing or life-giving.³ Finding meaning according to Frankl can come from creativity, experience, and attitude. It is the third way through attitude which Frankl calls the most noble of finding meaning in unavoidable suffering. He says that when a person chooses to rise above the circumstances of life, and uses the experience to grow, the attitude of the person is nothing less than a triumph of

¹ Viktor Frankl, *The Will To Meaning* (New York: Meridian, 1969), ix.

² Ibid., ix.

³ Ann V. Graber, *Viktor Frankl's Logotherapy* (Lima: Wyndham Hall Press, 2004), 77.

heroism.⁴ For Frankl, the reason life is never devoid of meaning is because, even when creative or experiential ways of finding meaning are not possible, a person is still challenged to find meaning in the midst of suffering by suffering with dignity.⁵

The aging experience, because of loss, can bring a kind of despair which yields itself to meaninglessness. When physiological functions become limited and mobility is lost; when grief overwhelms because relationships are broken; when freedoms known become freedoms past, elderly may question their existence and purpose. Aging need not limit wellbeing of life. Dr. Richard Haid, faculty mentor to the writer, challenges people to find fulfillment in the third and fourth quarters of life. At times the elderly may encounter unavoidable circumstances of life. Those circumstances do not have to have the final word as to the meaning of an individual. If that meaning is blocked intervention may assist the person to discover new life and meaning. The person may explore creative gifts which have held meaning in the past; recall experiences of giving and receiving in relationships which were deeply meaningful; or remember taking a stand toward some suffering situation that was courageous. In every life, meaning is present according to Frankl. Transcending the despair or circumstances can help a person move toward the will to freedom and the will to meaning. Viktor Frankl wrestled with this concept out of his own purgatory experience in a concentration camp of World War II. It was there he lost the manuscript of the first version of his first book. Facing imminent death he questioned what his life had been for. He had nothing left which would survive him. In this despair, and also suffering typhus fever, he discovered an unconditional meaning which neither suffering nor dying could detract from it. From this, Frankl, developed his

⁴ Ibid., 92.

⁵ Ibid., 92.

Logotherapy where his patients were told what they needed was unconditional faith in unconditional meaning. According to Frankl, in our past nothing is irrecoverably lost but everything is irrevocably stored. Frankl said, “People only see the stubble field of transitoriness but overlook the full granaries of the past in which they have delivered and deposited, in which they have saved, their harvest.”⁶ Saying this, he concludes his book with two verses from the Old Testament Book of Habakkuk 3:17, 18:

Though the fig tree does not blossom, and no fruit is on the vines;
though the produce of the olive fails and the fields yield no food;
though the flock is cut off from the fold and there is no herd in the
stalls, yet I will rejoice in the Lord; I will exult in the God of my salvation.

Then Frankl writes the last line which says, “May this be the lesson to learn from my book.”⁷

When the meaning is blocked or seemingly unattainable, help is needed to transcend despair. Frequently Frankl urged those who were near committing suicide to hope in the future of some meaning yet to be discovered or revealed. This was how he faced the loss of his manuscript; ultimate meaning yet to be revealed (see page 41).

In seminary the writer studied Systematic Theology under the teaching of Dr. William Mallard. Dr. Mallard taught that every life has a beginning and is moving into the future. Every life has meaning and some meanings are more prominent than others. Mallard taught that life was cumulative; we add to life day by day. Mallard referred to those prominent meanings as key moments where life’s hinges swing. Dr. Mallard would remind his students that those key moments are the ones which could be remembered for generations. Mallard also said that parallel to a person’s timeline was God’s timeline

⁶ Frankl, *The Will To Meaning*, 156.

⁷ Ibid., 157

which was also moving with our future. Mallard said that key moments were places where individuals could find meaning because our timeline intersected with God's timeline. This spiritual dimension defines our unconditional meaning. For Frankl, the spiritual was the starting place for healing to occur. Frankl is quoted as saying:

Although religion may not aim at mental health, it might result in it. Psychotherapy, in turn, often results in an analogous by-product; while the doctor is not, and must not be, concerned with the patient to regain [his] belief in God; time and again this is just what occurs, unintended and unexpected as it is.⁸

Frankl proposed that the ultimate search for meaning is the ultimate search for God.

Frankl taught that the human spirit of an individual was always present and always with meaning.

When the meaning is blocked or the unavoidable circumstance is overwhelming the person toward despair, then something is necessary to help transcend to hope. Frankl called this a process of "dereflection."⁹ Dereflection is one of four techniques employed in Logotherapy; Self-Distancing, Paradoxical Intention, Socratic Dialogue, Dereflection. Although this project focuses on the use of Dereflection, a brief definition of the other three techniques is given here. Self-Distancing hears the patient's story and then helps the person gain distance from the burden. This is attained by helping the person see that the fears, obsessions, depressions and other symptoms are not an integral part of the individual. Paradoxical Intention is the absurd intending of the person to wish for that which is normally feared in exaggerated quantities. The aim is to help the person visualize, through the use of humorous situations, the very thing being avoided or feared.

⁸ W. B. Gould, *Viktor Frankl – Life With Meaning* (Pacific Grove: Brooks/Cole Publishing, 1993), 60.

⁹ Frankl, *The Will To Meaning*, 100.

Socratic Dialogue is a technique which follows what Socrates believed was the task of the teacher, not to pour information into the students, but to elicit from the students what they know intuitively. Frankl taught it was the task of the logotherapist, not to tell the person the meaning in life, but to elicit the wisdom hidden within the spirit of each person.¹⁰

Dereflection is the technique which helps the individual become aware of meaning by the capacity of self-transcendence. In very basic terminology dereflection helps a person discover meaning in situations and circumstances where the individual feels trapped by worry or despair about a problem. Dereflection does not eradicate unavoidable suffering or circumstances, but it works to free the individual from the burden which may come from thinking too much about the issue. Dereflection can be a “pause” which, however, infinitesimally minute, helps a person have an understanding that the problem may not have the final or last word. The methodology of laughter yoga can be utilized to help dereflect the person away from the problem or issue.

The writer concurs with Frankl’s analysis that there is present in each human the defiant power of the human spirit, i.e., the will to freedom is present and meaning is present. The aim of this qualitative Doctor of Ministry research project uses humor and laughter, which are redemptive; to help nursing home residents transcend despair, from hopelessness and meaninglessness to the freedom of living forward to the will of meaning. The process will demonstrate how residents can use humor and laughter as a power to break bonds which limit freedom; not always physical, but also that which can mentally confine. The ultimate goal of the project is to demonstrate how humor and laughter can assist residents in “self-forgetting” in order to see ultimate meaning.

¹⁰ Graber, *Viktor Frankl’s Logotherapy*, 107-113.

Chapter one introduces the reader to the focus of the ministry project. The context of Magnolia Manor Nursing Center where the research was conducted is explored. The reader will learn the dynamics of a large long term care corporation spread out across South Georgia in eight campuses. The term, Gerontology, is presented in this chapter. A look at the condition of despair in human beings is discussed and how laughter may help the elderly transcend the condition.

In-depth scientific and academic research and study of laughter, along with other significant contributors of the topic are examined in chapter two. Norman Cousins helped open the door of modern medicine to laughter by his recovery from an illness using humor. Laughter is now a Complementary and Alternative Medicine (CAM) in the medical community. It is used therapeutically in a variety of health settings. Limited research is sparsely available in the study of humor and the elderly in long term care facilities. Few projects are available with verified scientific results of how humor helps nursing home residents who are dealing with despair.

The Ethel Percy Andrus Gerontology Center, located at the University of Southern California conducted a program in 1983. The results of their project are discussed in chapter two as well as the Clemson Humor Project conducted in 1989.

Paul McGhee is a leading researcher of how persons develop a sense of humor and the use of humor in work settings dealing with nurses. He is a noted author on humor, and internationally known for his workshops. He is noted in chapter two.

Two organizations where members are noted as researchers in the area of humor and laughter are also listed and discussed. The Association for Applied and Therapeutic Humor (AATH) and the International Society for Humor Studies (ISHS) are professional

organizations dedicated to the advancement of humor research. Through ISHS the writer learned about the methodology of laughter yoga and how to become a certified instructor.

Finally, chapter two gives more information about Dr. Viktor Frankl and his meaning-centered Logotherapy which is utilized in psychological settings and psychotherapy. Frankl's research is combined with the technique of laughter yoga to be a method of dereflection to transcend despair.

Chapter three introduces the reader to the history of humor and laughter. Specific research from authors is annotated and discussed. This chapter also explores not only the historical foundation of humor and laughter, but also the Biblical and theological foundations of laughter. What the Bible says about laughter is viewed. How religion has dealt with humor and laughter is also discussed.

Chapter four will deal with the methodology of the research project. This section demonstrates what was used in the research project. Three kinds of methodology were used to triangulate measurements in the field experience. These tools are explained as well as the importance of the instruments. The tools triangulated are the Herth Hope Index; a survey used as a pretest and a posttest which measures hope in an individual. Secondly, seven survey questions used to interview the residents about their understanding of laughter were introduced. The final part of the triangulation of measurements involved the recording of blood pressure readings before and after four of the eight laughter yoga sessions.

The field experience in chapter five shares the results and measurements of the data collected in the methodology process. This section gives the reader a clear understanding of what was conducted and recorded during the research project

experiment. Demographic data about the participants is explained to help the reader have a good understanding about those who were in the study. Finally, the results of the data collected are examined as well as what any unanticipated results revealed.

Chapter six reflects what the writer learned in this ministry project experience. In the summary and conclusion, the writer, with the assistance and help of contextual associates, offers direction for future research and studies. How this experiment can be shared with other long term care facilities is also discussed. There is not yet enough knowledge of how humor and laughter are used by older adults. Research is limited concerning the use of humor by the elderly. This project opens the door for additional research using humor to help the elderly deal with despair. It is the hope of the writer that interest in studies concerning humor and laughter and the elderly will generate more research. This is a pioneer study in the Magnolia Manor Corporation. The results are already generating interest from the corporate leadership and contextual associates to share this therapy with the other seven campuses. Those with a passion to learn more about humor and its effects on the elderly are welcomed.

CHAPTER ONE

MINISTRY FOCUS

In his book, *Spirituality and Aging*, Robert Atchley, speaking about aging, says, “The main challenge is to stay open to discovery.”¹ Growing older brings aging issues and changes which may affect people in different ways, such as physiological, emotional or psychological, economical, and spiritual. To age well means to address those issues and changes one may encounter and not succumb to despair. Erik Erikson names the final stage in the stages of human development, integrity versus despair.² Integrity is the challenge of growing older, facing issues such as illness, pain, and multiple losses, yet retaining the meaning of being. Despair is deeper than feeling sad or grief-stricken over losses a person may encounter in later life. It is normal and even healthy to be sad or have grief over a loss. Despair is more than sadness or temporary grief; it is totalizing. It is a total loss of hope which means it is an issue of the spirit. Soren Kierkegaard argues, “The fact human beings fall into despair is a sign we are spiritual beings.”³ One way to respond to despair is by the use of humor. Heather Thomson argues, “...if we can better understand despair and humor, this might serve us

¹ Robert C. Atchley, *Spirituality and Aging* (Baltimore: The John Hopkins University Press, 2009), xi.

² Erik H. Erikson, *Vital Involvement in Old Age* (New York: W. W. Norton & Co., 1986), 36.

³ Soren Kierkegaard, *Fear and Trembling and The Sickness Unto Death* (New York: Double Day, 1955), 123.

in the process of integrity in later life.”⁴ Accordingly, laughter and humor may help the elderly transcend despair, and discover freedom in meaning in the art of living.

This research study and project was born out of a new doctoral co-hort group called Spirituality and Aging. The context for this qualitative research study is a large retirement-nursing home corporation called Magnolia Manor, located in the South Georgia United Methodist Annual Conference. One of eight campuses, the Americus, Georgia campus was selected because it offers all levels of care, from total independence to high-skilled nursing for elderly residents. The research context focused on specifically selected nursing home residents who are predominantly wheel-chair confined.

Participants in the study were chosen collaboratively with nursing staff assistance based on individual medical information which indicated these residents were more likely to experience despair. It is the writer’s hypothesis that persons of despair in nursing home facilities may be able to transcend hopelessness and meaninglessness to the freedom of hope and meaning through the implementation of a methodology called laughter yoga.⁵ More information about laughter yoga will be explained in the methodology section of chapter four.

Before the research context is fully explored, one further terminology should be introduced. Most communities develop a language of their own for their specialization. The academic and scientific communities who study laughter and humor are no different.

⁴ Heather Thomson, “Lift Up Your Hearts: Humour and Despair in Later Life,” *Journal of Religious Gerontology* 16, No. 3/4 (2004): 29-41.

⁵ Laughter yoga is not copyrighted or trademarked. Generally references do not require capital letters when referring to laughter yoga because it is an exercise program that combines laughter and yoga breathing. The creation of laughter yoga was by a medical doctor, Dr. Madan Kataria and his wife, Madhuri, in India in 1995. From India, laughter yoga spread worldwide, as various trained instructors began opening their own laughter yoga schools. Because there are unlimited laughter yoga exercises, no one has title or claim to any specific exercises. It is highly advised that a person not attempt to lead others in laughter yoga unless proper training and certification has been attained.

Gelastikos (jeel-az-teek-os) is the Greek word for laughter. The “gel” in Gelos, and all words derived from it should sound like “gee” as in gee-whiz. From gelastikos comes Gelotology, coined in 1964 by Dr. Edith Trager and Dr. W. F. Fry, to describe the scientific study of laughter. The study of humor is a science and laughter researchers publish in the psychological and physiological literature as well as subject specific journals.⁶ Dr. Fry was adamant that the terminology be pronounced gee-low-tahl-o-gee, so as not to sound like the Latin root indicating jello-tology. Fry additionally said, “Do not confuse the study of laughter with the study of a dessert.”⁷ Fry also adopted Gelotologist as his unofficial title, even having it embroidered onto his lab coats. This research paper will use the academic terminology Gelotology in reference to the scientific study of humor and laughter. A visual chart analysis depicting this research can be found in the appendix on page 108.

Significance of the Ministry Focus to the Researcher

In one way or another humor has played a major role in the writer’s life. Early, without understanding, humor and laughter took a small child, lost in verbal and physical abuse, to a safe place. As in the old tale of Uncle Remus, trapped in the clutches of his arch enemy, Brer Bear, Brer Rabbit had his laughing place. The experience of humor and laughter is both ubiquitous and universally used. Expressions of laughter may differ from culture to culture, but all human cultures have some form of laughter. Babies are born relating better to those who are joyous and becoming fretful around those who are not.

⁶ W. F. Fry, “The Biology of Humor,” *Humor: International Journal of Humor Research* 7, (1994): 111-126.

⁷ Ibid.

The study of humor and laughter, Gelotology, reveals how fragile and elusive laughter can become; try to analyze it and it may disappear. Those of us who seek to understand laughter from a scholarly perspective take it very seriously and risk its fragility. There is now a mammoth amount of literature on humor and laughter from every perspective except how humor affects older adults in long term care settings. The higher professions, including medicine, philosophy, sociology, religion, and more, have become, in recent years, open to the study of humor and laughter. One conclusion from those who have studied humor and laughter is that it is beneficial to humans. Most people by now are familiar with the term, “Laughter is good medicine,” and many bookstores have a section on humor and laughter. But venture to other sections and one finds a scarcity of the subject of laughter and humor. One reason for this is because, like the “laughing place,” humor has its place; but not every place.

It is widely assumed that the serious and funny exclude one another. Who would ever believe that humor could be found at the altar during the Eucharist, one of the most high and holy rituals of religious sacrament? And yet, the writer, witnessed the serious and funny together years ago when his little brother, then six years old, was taken to the altar by their dad to receive Holy Communion. While kneeling side by side, and being guided by dad to receive the elements, the younger brother discovered the remains of a tiny drop of juice in the small communion cup. The writer observed what most inquisitive boys would do to retrieve the entire cup offered. Little brother tilted his head back and with communion cup between thumb and forefinger, and tongue extended to the bottom, proceeded to rotate the small chalice round and round, getting the last drop. Those of us observing this spectacle unfold thought it hilarious. However not everyone thought it was

funny, especially the dad who later gave son a long lecture on the seriousness of altar business and how inappropriate it is to laugh in church.

It is true there are wrong places for humor and especially humor which denigrates any person or groups of persons. Insensitivity still has its consequences. Perhaps this is why there is a scarcity of writings on the inclusion of humor and laughter connected to the serious side of life; that serious and funny don't mix. Or do they? This Gelotologist thinks humor and laughter are redemptive even in the most despairing of circumstances. Researchers of humor and laughter concerning humans in despair have discovered that survival was increased when the funny was allowed to enter even the most tragic of life. Viktor Frankl introduced a concept of self-transcendence where humor, being a catalyst of "dereflection," promotes the "defiant power of the human spirit" in overcoming distress, despair, and hopelessness.⁸ Frankl called this, Logotherapy, a form of psychotherapy which is based on helping people find a sense of meaning and purpose in their lives. He believed humor and laughter "dereflected" or redirected a person's awareness away from the disturbance toward the meaning of that person's life.

Further, this writer attended a conference for the International Society for Humor Studies (see chapter 2) at Boston University and was introduced to the research of Dr. Chaya Ostrower, a professor at Beit Berl College in Tel Aviv, Israel. Her work focuses on "*Humor as a Defense Mechanism in the Holocaust*." In her presentation, Dr. Ostrower expounded,

Scores of years have passed since the liberating armies cut the barbed wire of the camps; finally, the distance of time allows us to investigate the sensitive phenomenon of laughter, humor and jokes in the hell of the ghettos and the concentration and death camps. When we discuss the Jewish nation during the Holocaust, we turn the adage, 'without

⁸ V. E. Frankl, *The Will to Meaning* (New York: World Publishing, 1969), 166.

victory, there is no, survival,' (Winston Churchill), upside down: Without survival, there is no victory. The very existence of a Jewish life held elements of victory, as it symbolized the negation of the German desire for total destruction of the Jewish people. Without humor in the camps, there would have been more suicides.⁹

Ostrower's research demonstrated how this was well-known among survivors of the Holocaust, but less known among the general public. Authentic documentation of survivors produced many testimonies that humor helped the victims transcend their tragic despair. It should be noted here that reading humor into the serious can be misconstrued as lacking reverence for that which is considered sacred. However, to deny that humor exists, even in the most serious moments of life, could be considered lacking reverence for humor's benefits. More will be argued on this topic in chapter three, but for now, we may find more support for the value of humor in the seriousness of life from our Jewish Torah scholars than Christian literary researchers (see page 56).

The writer has observed people who came to a point in their life needing skilled nursing care assistance. Many of these people entered nursing homes in the remaining years of their lives. Additionally, the writer has been directly employed with a large retirement/nursing home corporation for eight years, offering direct observation and contact with people entering a long term care facility. Many of the people who enter such a care facility come with or encounter some type of loss which could be physiological, biological, or emotional/psychological. Often these losses and/or transitions may lead to a type of despair; a loss of "logos" and forward looking to meaning.

From a theological perspective, the "defiant power of the human spirit," according to Frankl's Logotherapy, expresses persons are deciding beings; they have both

⁹ Chaya Ostrower, *I Laugh Therefore I Am: Humor as A Defense Mechanism in the Holocaust*, (Boston University: International Society for Humor Studies Conference) 2011, Abstract/Lecture.

actuality and potentiality with the freedom to choose and change, even in the midst of despair. Frankl acknowledges the limiting circumstances and conditions that are ever present in a person's life stating that humans determine whether to give in to such conditions or stand up to them.¹⁰ Caregivers of the aged need not give in to those persons who may have succumbed to a life-style of self-pitying and reinforce an experience of hopelessness and meaninglessness of present circumstances. It is the writer's hypothesis that persons of despair in nursing home facilities may be able to transcend hopelessness and meaninglessness to the freedom of hope and meaning through the implementation of laughter yoga. Perhaps the ultimate despair is persons never questioning their value and worth in life, asking, "What is my purpose; the meaning of my life?" Residents of nursing homes do not have to feel they have no value, meaning, or purpose. Actually, there are many nursing home residents who live fulfilled lives of meaning and value.

The writer's project will introduce laughter yoga as a means to direct a person's awareness away from their disturbance as an intentional pause or dereflection, in the hope that transcendence of despair will occur and move the person to spiritual well-being and the art of living. Laughter yoga is a simple, yet powerful and potentially life-changing, form of exercise that anybody can do, anytime, anywhere. An individual does not need to have a sense of humor, know jokes, or even be happy. The human body does not differentiate between real laughter and manufactured laughter. The effects and results are the same. It is the aim of the Gelotologist this introduction of laughter yoga will help residents discover new meaning or be able to cope with trying circumstances.

¹⁰ V. E. Frankl, *The Unheard Cry for Meaning* (New York: Washington Square Press, 1978), 206.

Magnolia Manor

Magnolia Manor, in its origin, was the dream of Mrs. Kate Witte, a longtime resident of Americus, Sumter County, Georgia. Born in 1862, Kate Shriber Witte was 85 at the time of her death on February 23, 1947. Before she died, Mrs. Witte bequeathed 392 acres of land to be used for the sole purpose of creating a home for the elderly. In her will, Mrs. Witte stated that she wished the land be used to provide a home for the elderly. The will went on to state that should the land not be used for that purpose, it would revert to the heirs of her estate. In 1953 the Kate Witte Home for the Elderly opened, being co-sponsored by the Junior Service League and a group of concerned citizens. If not for the Junior Service League deciding to make the preservation of this land their project, the land would have been lost for this worthwhile purpose. The Junior Service League, which began November 30, 1937,¹¹ had been highly influential, in Mrs. Witte's view, for the advancement of community volunteerism. The Junior Service League was organized in 1937 with the purpose to foster interest among its members in the social, economic, and civic conditions in their community, and to make efficient use of their volunteer service.

The Kate Witte Home for the Elderly was governed by the Rock of Ages Foundation, made up of a group of concerned citizens and the Junior Service League, which operated the home as a non-profit agency. The home was located on the corner of the Witte farm property just south of the city of Americus and housed a few residents. Those women of the Junior Service League who contributed their time, money and efforts into the Kate Witte Home Project are examples of how giving to one's community can bring about wonderful results.

¹¹ Americus Junior Service League, "About Us, JSL Volunteers With a Vision"; available from http://www.americusjssl.com/?page_id=2; internet; accessed December 24, 2010.

Four years after the Witte Home for the Elderly opened, the South Georgia Methodist Conference began exploring ways to expand their ministry to older adults. The Methodists of South Georgia had the means to build a retirement community but not the property. At the same time, the citizens of Americus had the property but not the means to build a retirement community. Judge Julian Webb, who was the chairman of the South Georgia Methodist Homes for the Aging, traveled from Donaldsonville, Georgia to Americus on a business trip. While in Americus on his business trip, Judge Webb heard of the Rock of Ages Foundation and met with Billy Smith and some of the members of the Foundation. The dream was about to become a reality. In 1959 the Rock of Ages Foundation deeded the land to the South Georgia Methodist Home for the Aging for the purpose of creating the dream of Mrs. Kate Witte, the formation of a retirement community. It is amazing how the different pieces came together and that Mrs. Witte had foresight to graciously designate her gift.

The Witte property had many beautiful, full-grown Magnolia trees and it was most fitting for the name of the newly formed retirement community to be called Magnolia Manor. Many dignitaries were on hand for the opening ceremony to consecrate the Magnolia Manor Retirement Center on December 3, 1963. The Retirement Center was designed to be the state of the art in retirement living and consisted of 87 one-bedroom standard private rooms, 36 one-bedroom deluxe private rooms, 8 standard suites, 2 deluxe suites and offices, lobbies, and sunrooms. It has large spacious dining facilities on each section. The layout of the facility is in the shape of a cross.

In August of 1964 the Magnolia Manor Nursing Center was opened. The nursing center has 238 beds for skilled nursing care. With the opening of the Garden Apartments,

50 one-bedroom independent apartments, in 1971, Magnolia Manor became the first facility in Georgia to offer all levels of care, from total independence to total nursing care, on one single campus.¹² The Americus campus has expanded to become an integral part of Americus, Georgia to include 92 apartments, 14 single family homes, which include six ministerial cottages for retired ministers of the South Georgia United Methodist Conference, 238 bed nursing center, which includes a 30 bed Alzheimer's unit and the 136 bed assisted living center. The Alzheimer's unit was added in 1996 and was designed by Emory University's Health Services School. A prominent large chapel was constructed in 1970 and named the Martha McDonald Moore Memorial Chapel. It was dedicated to the memory of Bishop Arthur J. Moore's wife, Martha McDonald Moore, who gave tireless efforts in her concern for Magnolia Manor. In 1995 the Edgewood Apartments were constructed. These are 20 one-bedroom independent apartments.

In 1983 a new campus was opened in Macon, Georgia beginning the expansion program beyond the Americus campus. Magnolia Manor of Macon is located in the heart of the city. There are many activities and events the Macon residents enjoy, including the annual Cherry Blossom Festival which is internationally attended.

Independent living within a caring community is the key to life at Magnolia Manor of Macon. There is a small lake on campus perfect for an afternoon "fresh catch" or for an evening stroll. It is surrounded by 120 apartments and 16 villas. The busy retirees have the option of getting together with friends for lunch in the formal dining room, or choosing to enjoy the privacy of dining in their own homes.

¹² "The History of Magnolia Manor," Magnolia Manor, Inc., Facility Openings and Acquisitions Historical Timeline (database on-line), Americus, Georgia; accessed November 29, 2010.

A new assisted living wing offers 24 one- and two- bedroom apartments for residents requiring additional assistance. These apartments are just a short walk to a lovely dining room, located in the new Resident Life Center. The Resident Life Center also includes a beauty salon, fitness room and a heated pool for water aerobics and therapy. A separate site is dedicated to HUD-subsidized supportive housing where senior adults 62 years of age and older enjoy all the campus amenities mentioned above.¹³

In 1994 Magnolia Manor opened its third expansion in Moultrie, Georgia, called Magnolia Manor South. It has 48 independent and assisted living one and two-bedroom apartments. In 2000 Magnolia Manor acquired the Magnolia Manor South Nursing Center which was located off the Moultrie campus closer to the downtown area. In 2009 Magnolia Manor sold the nursing home to a for-profit nursing home corporation with the agreement they would build a new nursing home on the main campus in Moultrie. This new nursing/rehabilitation home opened in 2010 under the name Magnolia Manor, but is owned by the other company. The Moultrie campus also has a small chapel which was transported from another county in Georgia from a church which closed. This chapel is used for special services and is rented to the public. A picture of the chapel is located on the website of Magnolia Manor.¹⁴

The year 2003 brought yet another expansion of Magnolia Manor. This was the beginning of three campuses on the coast of Georgia, Magnolia Manors at Richmond Hill, St. Simons Island, and St. Marys. Of the three on the coast, St. Simons Island has a 125 bed nursing center with skilled nursing care. This campus also has 34 independent

¹³ Magnolia Manor, Inc., Locations; available from <http://www.magnoliamanor.com/macon/macmain.html>; Internet; accessed December 24, 2010.

¹⁴ Ibid.

one and two-bedroom villas, 30 assisted living one-bedroom suites, and 30 catered living one-bedroom suites. Many people who vacationed on the island have come to call this scenic paradise home.

In the gracious low country just south of Savannah, residents of Magnolia Manor on the Coast at Richmond Hill, Georgia are making the most of their retirement years. With 100 independent living apartments and 20 assisted living apartments, each resident's total well-being is nurtured through our "Renaissance Living Initiative" which offers a variety of physical, social and spiritual activities. From a well-balanced fitness program to classes in painting, flower design, Spanish language, and creative writing, residents of Magnolia Manor on the Coast thrive in this stimulating environment. With residents' needs in mind, a distinct Assisted Living wing is available when the aging process dictates the need for a little extra care.¹⁵ Richmond Hill is located a few miles south of historic Savannah, Georgia.

Historic St. Marys blends the beauty of the waterfront and the charm of a friendly southern town. Nestled on the edge of the Crooked River marshes, Magnolia Manor offers serene independent and assisted living options. St. Marys is a natural haven for retirees - the gateway to Cumberland Island, many golf courses and Kings Bay Submarine base. Independent retirees can enjoy a carefree lifestyle with peace of mind knowing an Assisted Living wing is available when additional care is needed. Some of the services and amenities available at Magnolia Manor St. Marys are:

- Three Nutritional Meals Daily
- Seated Table Service
- Beauty/Barber Shop On-Site
- Scheduled Chauffeured Local Transportation

¹⁵ Ibid.

- Clubroom
- Wellness Center with a therapy pool¹⁶

2003 was also the year Magnolia Manor acquired its campus in Buena Vista, Georgia, called Magnolia Manor of Marion County. Magnolia Manor of Marion County provides quality skilled nursing to those living in southwestern Georgia. The staff members at Marion County care for individuals who need help recovering from illness or injury and for those who require long-term medical attention. Marion County Nursing Center features an on-site therapy program which includes physical, occupational and speech therapy. In addition to skilled nursing, Magnolia Manor of Marion County offers an Adult Day Program for older adults with Alzheimer's or dementia, chronic disease and other health-related issues requiring an increase in care needs. Caregivers know their loved ones receive medication assistance, social activities, home-cooked meals, Registered Nurse supervision, and assistance with grooming, bathing, and other activities of daily living.¹⁷

In 2007 Magnolia Manor expanded to include its eighth campus located in Columbus, Georgia. This was the acquisition of an existing nursing/assisted living campus which required a major renovation. Magnolia Manor has greatly improved the quality of the campus and care since making this purchase. This campus has 44 units for assisted living, two nursing centers with 376 beds total, which also contains an Alzheimer unit.

Magnolia Manor is a ministry of the United Methodist Church and serves older adults of all faiths throughout South Georgia. This not-for-profit Georgia Corporation

¹⁶ Ibid.

¹⁷ Ibid.

was chartered in 1959, and it is recognized by the IRS as a charitable, 501(c)3 organization. Governed by a Board of Trustees, Magnolia Manor provides a loving Christian environment and a caring staff, ensuring the physical, mental, social and spiritual needs of residents and their families. Services include a wide array of independent retirement living options, assisted living, skilled nursing care, rehabilitative therapy and specialized dementia care. Currently, 1,100 employees provide care for nearly 1,800 older adults on eight Magnolia Manor campuses.¹⁸ Residents who come to Magnolia Manor have several levels of care in which to enter: total independence, assisted living, nursing care, high-skilled nursing care.

Magnolia Manor has maintained its integrity for retirement and nursing home care by remaining true to its mission, commitment, vision, and motto, which are:

Our Mission:

To provide, as a ministry of The United Methodist Church, a variety of quality retirement communities throughout southern Georgia.

Our Commitment:

As an extension of The United Methodist Church, we are committed to the highest values of the Christian faith in all of our work and ministry.

Our Vision:

To be a leading provider of retirement living opportunities, bring the best resources of staff, facilities, programs and Christian compassion to focus on meeting the needs of our residents and their families.

¹⁸ Ibid.

Our Motto:

The resident first because I CARE¹⁹

The highest ideal for Magnolia Manor has been the promise made and kept since 1963 which says, “No one, having become a full resident of Magnolia Manor will ever be asked to leave because of the inability to pay.” The League of the Good Samaritan is the fund reserved for resident support. The League fund enables us to keep the promise that has defined us from the very beginning of this ministry, where no one will ever have to leave Magnolia Manor due to their inability to fully pay for the cost of their care. This critically important fund addresses one of the greatest security fears of older adults: Will I outlive my financial resources in retirement? Magnolia Manor is committed to the highest values of the Christian faith in all of its work and ministry, which we believe Mrs. Kate Witte would endorse our work and ministry as we seek to be God’s instrument in helping meet the needs of the elderly today.

When Rev. Robert Beckum, Senior Vice-President for Church Relations and Development, and also a United Methodist minister, was appointed to Magnolia Manor in 2004, he set forth a dream where each of our campuses would have access to chaplaincy and spiritual care. Until 2005, only the Americus campus had a full-time chaplain. The other campuses utilized volunteer clergy and laity to offer spiritual care. In dialogue with the President and CEO and the Board of Trustees, Rev. Beckum requested that a senior chaplain with CPE training be appointed to Magnolia Manor. Of the fifteen candidates interviewed, the writer met the required qualifications. He had served in parish ministry for 29 years with completed internships at two psychiatric hospitals, law enforcement chaplaincy and CPE training. The writer was the most competent to fill the position as

¹⁹ Ibid.

Vice-President and Senior Chaplain for Spiritual Care at all the campuses of Magnolia Manor. Upon accepting the position, the writer was appointed to extension ministry and fulfilled all requirements to become an approved and endorsed chaplain with the United Methodist Church.

During the first year of the new spiritual care expansion program, the senior chaplain supervised one full-time chaplain appointed for the three campuses on the coast. The retiring chaplain on the Americus campus was offered a part-time position and he and the senior chaplain maintained spiritual care needs for the other four campuses. Five years ago another full-time chaplain was appointed to cover the Columbus campus and three years ago an additional full-time chaplain was added to the Americus campus, freeing the senior chaplain to more fully maintain supervision of all the campuses.

Recently, the full-time chaplain for the three campuses on the coast made the decision to return to parish ministry. Two retired United Methodist ministers were hired on a part-time basis to cover the spiritual care needs of those three coastal campuses.

Currently the spiritual care ministry for Magnolia Manor allows each of our campuses to have access to a chaplain and chaplaincy ministries. Magnolia Manor maintains the position that our chaplains are institutional chaplains and not the resident's pastor, clergy, priest, rabbi, etc. The chaplains of Magnolia Manor encourage residents to maintain close relations with a home church or connect with a local place of worship. Our chaplains incorporate spiritual care ministries that are associated with the care and nurture of residents and their relationships within the institution. The chaplains of Magnolia Manor relate to many people who are culturally and religiously diverse. Many faith traditions offer the residents opportunities to worship in meaningful ways.

The chaplains of Magnolia Manor have the primary role of assessing spiritual care needs of each resident, the resident's family, and staff. Chaplains are available when a resident is struggling with the meaning of an illness. They assist when residents are wrestling with difficult treatment decisions. A chaplain may be called upon when a resident needs to express some kind of anxiety or fear or to confide in a "safe" person. Residents receive bad news at times in their lives and a chaplain can bring calmness in such moments. Sometimes a resident is relocated far from what was known as home and chaplains intervene with ways to interpret transitions. Chaplains offer times of prayer and support in all areas of life, including times of grief or loss.

The chaplains of Magnolia Manor provide services which include rounds on assigned units and hospital/rehabilitation facilities, worship services, baptisms, blessings, ethical issues in treatment and care, memorial services, marriages, consultations, compassionate care rounds, palliative care rounds (as needed), in-service presentations, and communication and dialogue with churches and community groups about our work with older adults. The chaplaincy ministry of spiritual care for Magnolia Manor offers opportunities for spiritual growth and worship with weekly worship services, Bible studies, prayer services, and short-term studies, celebration of the sacraments and other seasonal services and events.

When visitors visit our campuses, specifically the Americus location, the first thing a person sees on the entrance gate is the sign which says Magnolia Manor is a ministry to older adults. In order to fulfill this statement, our employees, including the chaplains participate in servant leadership. This age-old concept dates back to the Bible and is an integral part of Magnolia Manor's mission. The Servant Leadership Initiative is

based on the premise that leaders, in order to be effective, must be servants first. The program demonstrates that administrators and supervisors who are primarily concerned about serving residents and their fellow employees will be more effective leaders. In addition, the entire organization will be more focused on service and on caring for others personally, spiritually and professionally.

Servant leadership is now an important part of new employee training at Magnolia Manor. New employees are provided with the training and materials that explain the essential principals of this kind of leadership. As a vital component of Magnolia Manor's ministry to older adults, servant leadership promotes unity throughout the organization and into the surrounding communities.

The dream and vision of Mrs. Kate Witte is ever growing. Across the years, thousands of individuals have been blessed by the ministries of Magnolia Manor. An enormous number of persons have contributed to Mrs. Witte's dream through their prayers, resources, and energies given to the ministry of Magnolia Manor. As older adult needs increase, Magnolia Manor will increase in helping to meet those needs. Today, the annual budget to operate Magnolia Manor is around fifty-five million dollars. God has generously provided much to meet this ever demanding ministry.

The project context will be the Americus, Georgia Magnolia Manor Nursing Center. The nursing center is populated by individual application, doctor and hospital referrals, and transfers from one campus level to another. The project proposes a group size of approximately twenty-five residents because laughter is contagious and promotes social interaction. The research will use the methodology of laughter yoga as a means to assist the elderly residents to transcend despair. The Gelotologist comes to this project

with specific credential background which will be helpful in this project: CPE training, internship in two psychiatric hospital settings, internship in mediation training, endorsed chaplaincy training and approval, law-enforcement chaplaincy training, thirty-seven years of ministry setting, Certified Laughter Yoga Instructor, in-depth research and training in Gelotology, professional humorist and laughter entertainer for over thirty years.²⁰

As this project began to form, the writer selected a group of persons to serve as the contextual associates. These individuals were part of the team effort to plan, implement, and evaluate this research project with the aim of introducing current scholarly literature into the academic community of how humor and laughter affects the elderly in long term care. Throughout the entire process, these contextual associates contributed pertinent insights to the conclusions and results obtained.

²⁰ See www.preacherdennisthestoryteller.com.

CHAPTER TWO

THE STATE OF THE ART IN THIS MINISTRY PROJECT

Norman Cousins

No one individual has been more instrumental illustrating the benefits of laughter than Norman Cousins. Today's openness to the huge benefits laughter brings to people is due to Cousins pioneering the way. Ever since Norman Cousins discovered he could receive two hours of pain-free sleep from ten minutes of genuine belly laughter, science and theology have joined hands to study how humor lifts people out of despair. Dealing with the despair of a diagnosed illness called ankylosing spondylitis with little chance of surviving, Cousins made the discovery that humor and laughter helped him transcend the pain. Cousins argued that his improvement resulted from a relationship between having a positive mind and laughter regiments. His cure opened the door for the scientific community to investigate more fully the effects of laughter on people.

Norman Cousins became a member of the faculty of the UCLA Medical School and the study of humor and laughter's effects has grown worldwide. Today there are many people who are devoting their research to Gelotology. Laughter has been accepted as a Complementary and Alternative Medicine (CAM) and is utilized in many settings. Hospitals have dedicated Humor Wards and Humor Carts to assist patients with the transcending process of rising above their health issues. Research results indicate humor has the potential to produce positive effects in the cardiopulmonary and musculoskeletal

systems of the body. Dr. Bernard Lown, a Nobel Peace Prize recipient, has devoted over fifty years to the practice of medicine, the field of cardiology, and is the original developer of the heart defibrillator. Dr. Lown was a professor of Cardiology at Harvard University School of Public Health and wrote concerning Norman Cousins:

The ongoing scientific and technological revolution in the health field has stimulated a surge of publications raising a theme as ancient as medicine itself, namely, that psychological factors can affect every aspect of human illness. No one has argued the issue more cogently than Norman Cousins, whose impact on a growing public perception stems from his 1979 book, *Anatomy of an Illness as Perceived by the Patient*...Cousin's message comes at a critical time, when some physicians are increasingly distancing themselves from the bedside, are abandoning the power of the word as a therapeutic tool, and manifesting indifference to the patient's psychological and spiritual needs.¹

The belief that laughter is the best medicine is part of our culture. This has not been well documented in the literature concerning long term care. A few systematic attempts have been made to verify the importance of laughter in physical and mental health. Much of the literature that exists is in the field of psychotherapy and limited in its applicability to programs in long term care facilities. Jacob Levine, M.D., published his study, "Motivation in Humor," in 1969, and indicated laughter can relieve anxiety, develop ego mastery, and provide a message that everything is all right. He further argued that humor enables individuals to face their fears, whether they originate from internal or external sources.² Levine worked from the study of Sigmund Freud who proposed that when a situation is stressful, diverting attention away from the stressor or showing a friendlier perspective of the stressor allows the stress to be released through

¹ Norman Cousins, *The Healing Heart* (New York: Avon Books, 1983), 11.

² Antony J. Chapman and Hugh C. Foot, *It's A Funny Thing, Humor* (Oxford, Pergamon Press, 1977), 335-349.

laughter.³ If Levine's perspective is accurate, laughter can be a major tool in developing positive feelings in residents of long term care facilities, and improving their quality of life. More will be reflected on this subject through the work of Viktor Frankl.

Residing in a long term care facility requires the ability to adjust and cope. Humor and laughter are tools in coping with stress and despair. The aging process brings its own set of challenges. There are those who succumb to the crushing blows advanced aging delivers and there are those with the same challenges not giving in and allowing the despair to have the last word. The aging process can be accompanied by losses and suffering. The losses and suffering may not be avoidable; however, one does not have to give in to them either. Making the transition to a long term care facility can be a difficult one. Loss of social groups, possessions, mobility, independence, and even control, are some of the dilemmas sometimes faced when moving into long term care facilities. The encouragement from caregivers for residents to maintain who they are is vital for their wellbeing, life satisfaction, and self-esteem. One type of intervention that may bring new life into the nursing home setting and provide continuity to life is humor and laughter.

This Gelotologist has developed a burning passion for the art of storytelling, and storytelling dealing with humor and laughter. He is a professional storyteller of the characters who lived in the Okefenokee Swamp. In the archives of the University of Georgia, there are stories, tales, poems and legends about the central character the author uses in his entertainment. It is not unusual for the writer to be told at the end of his performance, "I have not laughed that hard in a long time." Many of the people in the audiences where the writer entertains are older adults. Could it be that people have discovered their "Laffing Place," as told by Brer Rabbit in the Uncle Remus stories, to be

³ Sigmund Freud, *Collected Papers Vol. 1* (New York: Springer-Verlag, 1959), 159-181.

a place where they can rise above their dilemmas associated with life? Humor which is not demeaning can be a tool to help individuals transcend aging issues.

Emerging research reveals humor being a catalyst to positive aging. The old adage which says, “Those who laugh last, laugh best,” could also be said, “Those who laugh, last!” If laughter and humor are good medicines as the Bible discerns, how do we make that medicine available to those elderly who can so easily slip into the pits of despair? James A. Thorson, professor of Gerontology at the University of Nebraska, has studied the relationship between humor and those who are healthy in advanced age. He found that elderly people who live well in advanced age rely on humor as a coping resource.⁴ Thorson also developed the Multidimensional Sense of Humor Scale (MSHS) which has been published in the *Journal of Clinical Psychology* and translated into 16 languages. The assessment instrument in sixteen questions evaluates an individual’s sense of humor. The maximum score is 64 indicating an individual’s humor serves that person, improving the quality of life. The lower the score, the more prone a person is to allow despair and gloom to govern life.

Elizabeth MacKinlay

James W. Ellor, Ph.D. and Richard H. Gentzler, D.Min. endorsed the work of Rev. Elizabeth MacKinlay, Ph.D. titled, *Spirituality of Later Life: On Humor and Despair*. It is a volume written with the assistance of MacKinlay’s colleagues which began with a conference in Australia and grew into a current collection of articles which offers some important ways of understanding the tension between humor and despair. Too often encountered when working with older adults, this tension is very real for

⁴ James A. Thorson, “No Laughing’s the Matter,” *Spirituality & Health*, March/April 2004.

caregivers and seniors alike.⁵ The book evolved from the teamwork of MacKinlay and Heather Thomson's work in humor and despair in later life and theology. Thomson, who teaches Systematic Theology, follows Erik Erikson's teaching that later life development is work dealing with despair verses integrity. Erikson's thought is that finding integrity is more difficult when faced with issues of loss and grief, with the pain, suffering and anxiety of later life. However, it is also the case that humor can accompany the aging process, and that elderly people may laugh at all things associated with aging right through death.⁶ Thomson supports her argument from the work of Soren Kierkegaard who believed that despair is a sign that we are spiritual beings and humor is our response, or lack thereof, to that despair.⁷ Humor helps us transcend the issues of despair and move to integrity in later life as long as we allow it to ground us, not allow us to avoid the realities of aging, and allow us to see a future and hope of better things.

Ethel Percy Andrus Gerontology Center

Perhaps one of the earliest introductions of the effect of humor in long term care facilities was in 1983 through a program conducted by the Andrus Volunteers of the Ethel Percy Andrus Gerontology Center at the University of Southern California.⁸ It was a comprehensive program which incorporated a variety of approaches to introduce humor into a nursing home environment. The intent of the project was to develop and evaluate

⁵ Elizabeth MacKinlay, *Spirituality of Later Life: On Humor and Despair* (New York: The Haworth Press, 2004), xv.

⁶ Ibid., 29.

⁷ Ibid., 29.

⁸ M. Ewers, S. Jacobson, V. Powers, and P. McConney, *Humor, the Tonic You Can Afford: A Handbook of Ways of Using Humor in Long Term Care* (Los Angeles: Ethel Percy Andrus Gerontological Center, 1983), 60.

the effects of a humor program with residents in long term care facilities. Several methodology difficulties precluded scientific evaluation of the project; however, observations of residents provided insight into the benefits of the program. Some of the results observed were changes in the residents' increased awareness of others; appreciation for the program; anticipation of the program; enjoyment of the program; being more outgoing and positive in attitudes; increased socialization; increased likelihood of using humor in interactions with others; and increased initiative. The authors of the report concluded, "The project must be seen as a success on the basis of the effectiveness of the Humor Program in altering the behavior patterns and expectations of the residents."⁹ This project demonstrated potential benefits of using humor in long term care facilities. Because so little has been done in the area of long term care on the subject of the effects of humor and the elderly, this writer's project brings current findings to those who are devoted to Gerontology.

Paul E. McGhee

One of the leading humor researchers, also a pioneer for humor health benefits, is Paul E. McGhee, Ph.D., creator of "The Laughter Remedy," Montclair, New Jersey.¹⁰ McGhee shows corporations and health care organizations how to build resilience and cope with change using humor. He has published 11 books on humor, including his latest, *Health, Healing and the Amuse System: Humor as Survival Training*. This book marks the culmination of Dr. McGhee's research, providing a "hands-on" Humor Skills Training Program which shows how to develop basic skills required using humor to cope with life

⁹ Ibid.

¹⁰ Paul E. McGhee, "The Laughter Remedy"; available from <http://www.laughterremedy.com/>; Internet; accessed June 10, 2012.

stress.¹¹ After receiving his Ph.D. in developmental psychology in 1968, he spent 22 years conducting basic research on humor and laughter while teaching at the university level. He is internationally known for his humor research. Recently McGhee created two courses for nurses' continuing education: discussions of research on humor and health and applications of humor in healthcare settings. This accredited study is approved for nurses in all fifty states. No one is more current relating humor to the healthcare setting than Paul McGhee, focusing on topics such as, using humor to cope in the midst of stress, the impact of positive emotion on survival, laughter as a prescription for pain reduction, using laughter to boost the immune system, and how to improve your own humor skills to cope with life stress.¹² McGhee is on the cutting edge of current literature which denotes humor and laughter being beneficial to individuals.

The Clemson Humor Project

There are not many research projects concerning the effects of humor on persons who live in long term care facilities. One of the more concise scientific studies called The Clemson Humor Project was conducted in 1989 by the Department of Parks, Recreation and Tourism Management at Clemson University. The large scale study was to determine whether exposure to humorous stimulation was an effective intervention in improving the quality of life of residents in long term care facilities. The methodology for the project was movies. The project hoped to indicate certain qualities of life such as, happiness, adaptation, perceived health, and pain medication requests.¹³

¹¹ Ibid.

¹² Ibid.

¹³ Francis A. McGuire, Rosangela K. Boyd, Ann James, *Therapeutic Humor with the Elderly* (New York: The Haworth Press, 1992), 31.

The Clemson Humor Project will be used here to compare and contrast this research project on the effects of laughter yoga on long term care residents who are predisposed to despair. It would be better if other studies were available to make a more current comparison. At the time of the Clemson Humor Project, laughter yoga had not been created. It should also be noted that the Clemson study needed stimuli to incur laughter where laughter yoga directly initiates laughter.

The Clemson study was limited from the beginning due to the fact it involved selected long term care facilities over two states, South Carolina and North Carolina. The actual researchers did not have direct contact with the participants in the study. The researchers used activity directors from each of the long term care facilities. This could have been a factor in the dropout rate of both participants and facilities. It was also noted in the study that not all activity directors followed the instructions of the project. The study began with a total of 234 individuals with a total of eight facilities participating. At the end of the study only 86 participants remained in the study.

It was also noted that the project had to be altered as it progressed. This was due to the fact that it was impossible for all eight of the facilities to show the exact same movies in a coordinated procedure. Another interesting fact was the length of the movies sometimes necessitated stopping specific movies and then showing the remainder of the movie on another day. This was also problematic with the selected group which only watched non-humorous movies. Another drawback was that some activity directors showed the same movies to all selected groups.

It should be noted that in long term care facilities it is difficult to manage multiple campuses and expect the results for the projected study. Many factors preclude the results

including unexpected health issues, loss of interest, comprehension of questionnaires, and factors involving those selected to lead the study. A major factor with long term care participants involving movies is hearing issues. Many facilities lack quality sound equipment to properly insure adequate hearing reception is attained. It is also assumed that movies can create a climate of drowsiness and with other factors, i.e., such as medication, total results can be limited.

It is interesting that the Clemson Humor Project did conclude that humor can be beneficial to residents of long term care facilities. Their original intent and expectation was to add to the body of literature related to the therapeutic efficacy of humor.¹⁴ The researchers concluded the study was less than expected, however, it did show results which indicated humor and laughter can effect certain changes on long term care residents. Again, it would be helpful to make comparisons of similar programs and studies; however, laughter yoga indicates a more direct result of benefits from humor and laughter than the Clemson study revealed. In the project of the Clemson study, laughter had to be triggered using external stimuli, i.e., movies, whereas in laughter yoga, laughter is initiated directly from the individual without using external stimuli. It is hoped that using laughter yoga will add to the body of literature related to the therapeutic efficacy of humor; only time will tell. Due to the fact that very few studies have investigated humor in older adults, knowledge in this area is very limited. Further research is needed to study the various components of humor in the elderly. This research project on how laughter and humor can help the elderly transcend despair is on the cutting edge of Gelotology with the aged.

¹⁴ Ibid., 47.

A. A. T. H. and I. S. H. S.

Two international scientific and academic societies for humor studies and research are the Association for Applied and Therapeutic Humor and the International Society for Humor Studies. Both of these organizations are for humor and laughter professionals. Members contribute literature for humor projects, abstracts, and papers. The Association for Applied and Therapeutic Humor (AATH) is a non-profit, member driven, international community of humor and laughter professionals and enthusiasts. The International Society for Humor Studies (ISHS) is a scholarly and professional organization dedicated to the advancement of humor research. Many of the Society's members are university and college professors in the Arts and Humanities, Biological and Social Sciences, and Education. The Society also includes professionals in the fields of counseling, clergy, management, nursing, journalism and theater. All are interested in humor's many facets, including its role in business, entertainment and health care as well as how humor varies according to culture, age, gender, purpose and context.¹⁵

Formed in 1987 by Registered Nurse, Alison L. Crane, AATH provides its members the education, cutting-edge resources, and supportive community they need to excel in the practice and promotion of healthy humor. Therapeutic humor is any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life's situations. This intervention may enhance health or be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual;

¹⁵ Website for ISHS; available from <http://www.hnu.edu/ishs/JournalCenter.htm>; Internet; accessed June 12, 2012.

officially adopted by the AATH Board of Directors on June 1, 2000.¹⁶ Membership to AATH consists of anyone who is interested in learning more about the application and benefits of therapeutic humor. The mission of AATH is: "To serve as the community of professionals who study, practice and promote healthy humor and laughter." Members include scholars, psychologists, counselors, allied healthcare practitioners, nurses, social workers, physicians, funeral directors, business executives, human resource managers, educators, clergy, hospital clowns, speakers, trainers, and many others who incorporate humor in their life and work.¹⁷ AATH was created to be a clearinghouse for information on humor and laughter as they relate to well-being; disseminate information about humor and laughter to its members through regular publications and educational opportunities; develop, promote, conduct, and identify the need for research that further investigates the roles humor and laughter play in well-being; encourage, support, and report on innovative programs that incorporate the therapeutic use of humor; function as an interdisciplinary network for its members; provide a caring, supportive, community of humor professionals and enthusiasts.¹⁸

AATH began by offering an annual one-day workshop on therapeutic humor, and twice collaborated with the Institute for the Advancement of Human Behavior to put on the highly successful Humor and Pastoral Counseling Conference (affectionately named "The God Conference"). AATH was renamed the Association for Applied and Therapeutic Humor in October 2001 to reflect its international membership as well as its

¹⁶ Website for AATH; available from <http://www.aath.org/general-information>; Internet; accessed June 12, 2012.

¹⁷ Ibid.

¹⁸ Ibid.

focus on both theoretical as well as the "applied" aspects of integrating humor into a variety of therapeutic modalities.¹⁹ This Gelotologist is a member of AATH and has benefitted from the depth of resources available to those who hold memberships.

The writer is also a member of ISHS, which publishes the Society's journal, *HUMOR*, and provides an interdisciplinary forum for the publication of high-quality articles on humor as an important and universal human faculty. Contributions include theoretical papers, original research reports, scholarly debates, short notes, book reviews, and letters to the editors.²⁰ Since 1988, *HUMOR* has published over 400 articles and book reviews. ISHS makes available a wide range of resources, including cataloged test instruments. Over the past century, social and behavioral scientists have constructed questionnaires, surveys, tests, and other measures to assess humor appreciation and creation as well as humor-related behavior. ISHS also provides several directories to connect a researcher to websites dealing with literature, art, performance, media, and other online resources related to humor studies. The Society also makes available a Teaching Exchange where many of its members have developed course materials, which they have graciously shared for the benefit of fellow instructors interested in creating or improving a humor studies class. There are listings of present and past humor studies courses, each with syllabi, handouts, PowerPoint slides, links to teaching websites, and/or other helpful teaching materials.²¹ ISHS also provides bibliographies of humor research for Society members.

¹⁹ Ibid.

²⁰ Website for ISHS; available from <http://www.hnu.edu/ishs/JournalCenter.htm>; Internet; accessed June 12, 2012.

²¹ Ibid.

This Gelotologist attended the International Society for Humor Studies Boston University Conference in July, 2011 and first learned of laughter yoga. In search of a methodology to prove his thesis, this researcher discovered that laughter yoga could be the instrument to complete the research project to be conducted at Magnolia Manor with elderly residents. It was through this conference at Boston University that knowledge of how to become a Certified Laughter Yoga Instructor was ascertained. By attending selected national and international presenters' lectures, further resources confirmed for the writer the thesis for the Magnolia Manor project was the issue which needed to be addressed.

Viktor Frankl

Viktor Frankl was the founder of logotherapy, a kind of psychotherapeutic science which observes the healthy spiritual center of a person for healing instead of analyzing pathology. Frankl sought therapy through finding meaning, (logos), the Greek term usually translated as the "Word" or "Will" of God in theological circles. For Frankl, it was viewed as "that which gives reason for being."²² Basically, the assumption of logotherapy is that the life of an individual has meaning in all circumstances, even in suffering; suffering without meaning is despair. Next, people have a will to meaning; the defiant power of the human spirit which has the capacity to tie into the spiritual dimension in order to transcend the detrimental effects of stressful situations, illness or the influence of the past.²³ This is where Frankl introduces the technique called "dereflection" which can be achieved only when a person's awareness is directed away

²² Viktor E. Frankl, *The Will To Meaning* (New York: Meridian, 1969), 9.

²³ Viktor E. Frankl, *The Unheard Cry for Meaning* (New York: Washington Square Press, 1984), 78.

from the disturbance and redirected toward the meaning in life.²⁴ The key to accomplishing this is self-transcendence. Self-transcendence is that aspect of human existence which is “always directed to something or someone other than itself; a meaning to fulfill or another human being to encounter lovingly.”²⁵ This ministry research project uses laughter yoga as the methodology of dereflection to help the elderly move or transcend issues of despair and move toward meaning. Finally, Frankl’s logotherapy believed people have freedom under all circumstances to activate the will to meaning and search and find meaning.²⁶

Frankl proposes three ways persons can find meaning in life with his definition of the two levels of meaning.²⁷ Frankl lists the first level of meaning as ultimate meaning. This is a meaning people never reach but may glimpse at the horizon. Frankl believes this can be God, but it may also be science as the search for truth for those who do not believe in God. The second level of meaning is the meaning of the moment, which is an understanding of each moment life places on us. From these two levels of meaning, Frankl explains a person can find meaning in life three ways. The first is creativity: giving something to the world, or others, by using our talents; the second is experience: receiving from the world, or others, which includes relationships; and the third is a change in attitude: choosing our attitude toward a condition, or others, even if we cannot change a situation or circumstance. In ultimate meaning a person observes a Higher Power, i.e., God, and can find meaning creatively observing the giving characteristics of

²⁴ Ibid.

²⁵ Ibid.

²⁶ Frankl, *The Will To Meaning*, 16.

²⁷ Ibid., vii.

God, and demonstrating the same investing in the world and others. In the meaning of the moment a person demonstrates creative giving which promotes good qualities for the world and others in the present. Finding meaning by experience, Frankl explained there are times when we receive from the world, from God, from truth, and others. Being a gracious receiver is just as important as being a benevolent giver. Finally, Frankl explains that we find meaning as we adjust our attitudes toward issues and circumstances of life.

Frankl explained there are situations or circumstances a person may not be able to change or alter. He called these unalterable circumstances the “tragic triad of human existence.”²⁸ unavoidable suffering or pain, guilt, and death. Left unattended, a person may succumb into lack of meaning or despair because life has become empty. Frankl calls this an “existential vacuum.”²⁹ Sigmund Freud called this repression, where Frankl says it is a state of inertia, boredom, and apathy, which can progress into existential frustration, and eventually become a “noogenic neurosis.”³⁰ Noogenic neurosis can originate in spiritual problems or moral conflicts and can result from the frustration of the will to meaning.³¹ Today people try to fill the existential vacuum with many things, including, but not limited to, drugs, sex, food, violence, over-work, sports, and everything at our fingertips and remain unfulfilled or without meaning. Frankl says:

I hope that I shall be successful in conveying my conviction that, despite the crumbling of traditions, life holds a meaning for each and every individual, and even more, it retains this meaning literally to [his] last breath. And the psychiatrist can show [his] patient that life never ceases to have a meaning. To be sure, [he] cannot show

²⁸ Ibid., ix.

²⁹ Ibid., 45.

³⁰ Ibid., 27.

³¹ Ibid., 27.

[his] patient *what* the meaning is, but [he] may well show [him] that *there* is a meaning, and that life retains it: that it remains meaningful, under any conditions. As logotherapy teaches, even the tragic and negative aspects of life, such as unavoidable suffering, can be turned into a human achievement by the attitude which a [man] adopts toward [his] predicament. Logotherapy may justly be called optimistic, because it shows the patient how to transform despair into triumph.³²

Viktor Frankl believed there is a defiant power of the human spirit, that we are indeed spirit, and what we have can be taken from us, but who we are, our meaning, cannot.

Laughter Yoga

With Frankl's premise of dereflection, it is the hypothesis of this research project that laughter yoga can help the elderly transcend despair and find freedom in meaning.

What is laughter yoga? Laughter yoga is a healthy exercise program which incorporates gentle body movements, breathing, and laughter. Laughter yoga is a type of complementary medicine in the fact that it can be utilized as a kind of therapy for wellbeing.

Laughter yoga uses breathing techniques bringing increased oxygen to the body and brain, which makes a person feel more healthy and energetic. In many fields of science, it has been proven that laughter strengthens the immune system, alleviates pain, lowers blood pressure, relieves stress and makes a person feel good. Laughter has also been proven to initiate powerful positive changes in our mind and emotions. While laughing, a person does not concentrate on negative thoughts, but celebrates the moment expressing or dereflecting to the individual the idea that life may not always be fun, but it is certainly more fun with laughter than without.

³² Ibid., ix. (Note: earlier resources did not use inclusive language. The writer uses brackets to indicate when inclusive language should have been used).

Laughter yoga is relatively new, having its roots with a medical doctor in India in 1995. Dr. Madan Kataria and his wife, Madhuri, founded the laughter yoga movement.

Kataria could well be a student of Viktor Frankl, because he says,

I have not seen anyone dying of laughter, but I know millions who are dying because they are not laughing. If laughter cannot solve your problems, it will definitely DISSOLVE your problems, so that you can think clearly what to do about them.³³

This statement echoes Frankl's logotherapy term of dereflection which points to the idea that laughter can be used to help people transcend despair.

In March 1995, Dr. Madan Kataria was writing an article *Laughter - The Best Medicine* for a health journal. In his research, he discovered many modern scientific studies, which described the many proven benefits of laughter on the human mind and body. In particular, Kataria was impressed by Norman Cousins' book *Anatomy of an Illness*. Kataria immediately decided to field-test the impact of laughter on others. Beginning with just a handful of five persons, at 7am on March 13, 1995, in a public park in his neighborhood in Mumbai, India, he persuaded four people to support him in launching a laughter club. They laughed together in the park to the amusement of bystanders, and the small group quickly grew to more than 50 participants within a few days. In the initial meetings, they stood in a circle with one person in the center, telling a joke or a funny story. Everyone felt good for the rest of the day.

After two weeks, the laughter club hit a snag. The stock of good jokes and stories ran out, and negative, hurtful and naughty jokes started to emerge. Two offended participants complained that it would be better to discontinue than to continue with such jokes. Kataria asked the club members to give him just one day to develop a

³³ Madan Kataria, Kataria School of Laughter Yoga; available from <http://laughteryoga.org/>; Internet; accessed January 14, 2012.

breakthrough that would resolve the crisis. That night, Kataria reviewed his research and finally found the answer he was looking for: our body cannot differentiate between pretend and genuine laughter. Both produced the same physiological results. The next morning he explained this to the group, and asked them to try to act out laughter with him for one minute. Amid scepticism they agreed to try. The results were amazing. For some, the pretend laughter quickly turned into real laughter - this was contagious and soon others followed and the group was laughing energetically. The hearty laughter that followed persisted for almost ten minutes. This breakthrough was laughter yoga.

Realizing there are ways other than humor to stimulate laughter, Kataria developed a range of laughter exercises including elements of role-play and other techniques from his days as an amateur theater actor. Giving thought to the importance of childlike playfulness, he developed further techniques to stimulate this within the group.

As yoga practitioners, Kataria and his wife saw the similarities between laughter and Pranayama exercises, and incorporated elements from this ancient form of yoga into laughter yoga, including the deep breathing exercises now used between laughter exercises, to deepen the impact. The result was laughter yoga: a blend of yogic deep breathing, stretching, and laughter exercises that cultivate child-like playfulness.³⁴

The Kataria School of Laughter Yoga teaches the techniques to individuals who desire to become a professional leader of laughter yoga. This researcher, Gelotologist, has attained certification to be a laughter yoga instructor. As with all exercise programs, it is highly advised that any person not certified in laughter yoga training, should not lead persons in the exercises because of liability and the possibility of physical injury. Participants in laughter yoga exercises must be careful not to exert the body if physical

³⁴ Ibid., History of Laughter Yoga.

limitations apply. For instance, no person should participate in laughter yoga following surgery until advised by their physician. Laughter yoga leaders learn how to regulate the exercises to prevent participants, especially elderly persons in long term care, from over-exertion.

To become a laughter yoga instructor requires investing in academic research and classroom instruction, and mastering the criteria required. There are many schools of laughter yoga instruction world-wide. It is advised to train under the most competent instructor and highly recommended to follow the developer of laughter yoga, Dr. Madan Kataria. A complete description of a laughter yoga session is explained in chapter five.

Laughter is “Good Medicine.” It produces many physiological, emotional effects and feelings of wellbeing. Everyone can do it and receive many effects. So what is this thing called laughter?

CHAPTER THREE

THEORETICAL FOUNDATION AND REVIEW OF LITERATURE

Historical Foundation

In the last twenty-five years, there has been an increase in scholarly research about humor, laughter, and comedy. The study about the value of humor has included many disciplines such as medicine, sociology, anthropology, arts, and religion to name a few. Comedy is now a household word because of the wide variety of entertainment available to people. Research on the effects of humor takes prominent display in courses of study in many higher institutes of learning. There are even international conferences on humor studies open to people with an interest to know more about what humor is and what it does. This section explores the history of humor and its critics and advocates, the biblical foundation of humor, and the theological reflections on humor and laughter.

John Morreall reports as early as the first century the Roman Quintilian complained that no one had yet explained what laughter is though many had tried.¹ What Augustine once said about time could well be said about humor: that we know very well what it is until someone asks us to explain it. Morreall goes on to say that even with all the philosophers and psychologists who have tackled the problem in the intervening centuries, the story is pretty much the same today—we are still without an adequate

1. ¹ John Morreall, *Taking Laughter Seriously*, (Albany: State University of New York Press, 1983),

general theory of laughter.² Laughter is so diverse because there are so many different reasons people laugh and people laugh at so many different things until it is almost impossible to arrive at one formula or theory. Humor seems to mock all attempts at definition. "Humor," writes E.B. White, "can be dissected as a frog can, but the thing dies in the process and the innards are discouraging to any but the pure scientific mind." Apparently, some feel that humor is only to be enjoyed, not understood.³ In spite of the elusiveness of definition, it appears that, by general agreement, humor is more than the bare ability to make or perceive jokes. True, it often works through smiling and laughter; and laughter may be produced by and express joy, merriment, and amusement. But, it may also be produced by mockery, derision, and scorn.⁴ Not until the nineteenth century did the term humor come to mean someone who creates a product in order to amuse others. Mark Twain was one of the first to be recognized as a person who intentionally brought laughter to others.

Humor has not always received good press. Historically, humor has been frowned upon as being a deterrent to living a model life. It will be necessary to explain the main lines of criticism against humor. The first begins with Plato.⁵ He charged that in humor we are exposed to something base, i.e., human shortcomings, which can "rub off on us." Engaging in humor, therefore, is potentially harmful to one's character. Second, Plato further stated that in laughing at a situation we lose control of our rational faculties and become silly and irresponsible. This loss of our highest faculties, according to Plato, is a

² Ibid.

³ Jackson Lee Ice, "Notes Toward a Theology of Humor," *Religion in Life* 42 (1973): 389.

⁴ Yehuda T. Radday, *On Humour and the Comic in the Hebrew Bible* (Sheffield, England: The Almond Press, 1990), 39.

⁵ Plato, *Republic*, III, 388.

loss of what makes us truly human, and that a person of worth must not be represented in literature or drama as overcome by laughter. Finally, Plato explained that laughter is basically scorned, and as such, is antisocial and uncharitable.

The anti-humor attitude was not only found in the ancient Greeks, but throughout the classical world. The church fathers did not address this area a great deal, but often took a dim view of mirth and fun. St. John Chrysostom, the fourth-century Archbishop of Constantinople, provides a clue to an early Christian view of humor and laughter:

...to laugh, to speak jocosely, does not seem an acknowledged sin, but it leads to acknowledged sin. Thus laughter often gives birth to foul discourse, and foul discourse to actions still more foul. Often from words, and laughter proceed railing and insult; and from railing and insult, blows and wound; and from blows and wounds, slaughter and murder. If, then, thou wouldst take good counsel for thyself, avoid not merely foul words, and foul deeds, or blows, and wounds, and murders, but unseasonable laughter, itself.⁶

Throughout the history of the church, one can find drastic extremes in relation to views of humor and laughter. The Early Church, because of its struggles with Greek and Roman paganism, tended to associate laughter and humor with pagan frivolity and a hedonistic philosophy of life. The church fathers were determined to separate themselves decisively from the hollow hilarity of those who would "eat, drink and be merry, for tomorrow we die." Thus, Chrysostom preached that "this world is not a theatre in which we can laugh, and we are not assembled together in order to burst into peals of laughter, but to weep for our sins." One can cite many similar counsels throughout the history of the church.⁷ At the other extreme, throughout the ages, the church has used laughter and

⁶ Saint John Chrysostom, *On the Priesthood; Ascetic Treatises; Select Homilies and Letters; Homilies on the Statues*, vol. 9 of *A Select Library of the Nicene and Post-Nicene Fathers of the Christian Church*, ed., Philip Schaff, (New York: The Christian Literature Co., 1889), 442.

⁷ Conrad Hyers, "Christian Humor: Uses and Abuses of Laughter," *Dialog* 22 (1983): 198.

comedy as a response to the church's celebration of the victory of life in the resurrection of Jesus Christ. Easter hymns have affirmed the victory of life by laughing at death. Easter sermons, during the Middle-Ages, often began with and contained jokes. In addition, telling jokes both inside and outside of church, and in family gatherings, was a common practice on Easter Sunday in the Orthodox tradition. The basis of all joke telling was the cosmic joke God pulled off in the resurrection of Jesus Christ. That Easter morning, God had the last laugh, and the whole world laughed at the devil's surprise, embarrassment, and discomfort.⁸ There is very little reference to humor and laughter of the medieval period and in early modern eras we view the same reservations already stated. Plato would have applauded the Elizabethan playwrights who justified comedy as what one should not imitate from the stage, and avoid such vices portrayed. Those who attempted to support comedy and laughter as of value did not hold a popular view. The popular opinion that there was little or no value in comedy or laughter was supported by Thomas Shadwell who spoke for many when he wrote: "I must take leave to dissent from those who seem to insinuate that the ultimate end of a poet is to delight without correction or instruction. Methinks a poet should never acknowledge this, for it makes him of as little use to mankind as a fiddler or a dancing master."⁹

John Morreall says of the Puritan era, "When they [Puritans] succeeded in closing the theaters, it was in large part because of the harmful effects comedies were thought to have on the audience. In 1633, William Prynne published a pamphlet putting forth the case against humor and laughter; 'stage plays produce laughter,' he said, 'usually at some

⁸ Morris J. Niedenthal, "A Comic Response to the Gospel," *Dialog* 25 (1986): 288.

⁹ Quoted in Ralph Piddington, *The Psychology of Laughter*, (London: Figurehead, 1933), 158, n. 2.

obscene, lascivious, sinful passage, gesture, speech or jest (the common object of men's hellish mirth) which should rather provoke the Actors, the Spectators to penitent sobs, than wanton smiles; to brinish tears than carnal solace...' The person who is laughing is out of control, and laughter is incompatible with the sobriety proper to good Christian men and women, who should not be 'immoderately tickled with mere lascivious vanities, or...lash out into excessive cachinnations in the public view of dissolute graceless persons.'"¹⁰

The seventeenth and eighteenth centuries witnessed the condemnation of humor and laughter, often making the charge like Charles Baudelaire that it was a tool of the devil, making it "a damnable element born of satanic parentage."¹¹ He went on to say that laughter was part of the dark side of human nature inherited from Adam's fall; and this is evidenced in part by the fact that 'laughter is one of the most frequent symptoms of madness.'¹² Today the medical community widely reports laughter as extremely beneficial for the human body. But it was not so in the 1870s where two editions of a book entitled *A Philosophy of Laughter and Smiling* were published and the author, George Vasey, tried to portray laughter not only being ethically and aesthetically objectionable, but medically harmful as well. He explained, "The natural use for the diaphragm and related muscles is in breathing. Laughter involves a wholly unnatural and harmful stimulation of these muscles. Circulation of the blood is restricted, breathing is violently interfered with, and sometimes the convulsions of laughter even cause the

¹⁰ John Morreall, *Taking Laughter Seriously*, 86-87.

¹¹ Charles Baudelaire, *The Essence of Laughter and More Especially of the Comic in Plastic Arts*, ed., Peter Quennell, (New York: Meridian Books, 1956), 113.

¹² *Ibid.*, 115.

person's death. Now in our culture, almost everyone laughs, but that is because as infants we are stimulated to this unnatural piece of behavior by being poked and tickled. Once we developed this nasty habit as children, we maintain it into adulthood. It is very questionable that children would ever begin to laugh if they were not stimulated or prompted, but were let alone, and treated naturally and rationally.”¹³

Adolph Hitler was so wary of the danger of humor to the Third Reich that he had special “joke courts” set up for punishing people who named their dogs and horses “Adolph.” As Hermann Goering instructed the Academy of German Law, the telling of a joke could be an act against the Fuehrer, against the state, or even against the whole Nazi *Weltanschauung* (worldview).¹⁴

Before we categorize these early crusaders against the wiles of laughter, it might be important to reflect upon the traditional remarks by our own teachers toward laughter and humor. Many educators felt compelled to instruct that humor and laughter were frivolous activities that pull us away from what is important. The lessons learned were to do our work so later we would be able to do our work after our education process was over. We were taught that life is a serious business and anything important in life is serious business. Those who may have somewhat accepted humor and laughter accepted it as a short span to refresh ourselves so we would be more productive with our work.

Because so many valued effects of humor and laughter have been reported from respected study and scholarly research in our present day, it is almost repetitive to explain the beneficial qualities of the subject. To explain each discipline's findings of the human helpfulness of humor and laughter would take volumes. One arena which refutes George

¹³ George Vasey, *A Philosophy of Laughter and Smiling*, (London: J. Burns, 1877), 30.

¹⁴ Morreall, *Taking Laughter Seriously*, 102.

Vasey is how humor and laughter are physiologically beneficial to the human body. It was Norman Cousins who was diagnosed with a serious illness called ankylosing spondylitis that initiated great pain. What Cousins discovered was that ten minutes of genuine belly laughter gave two hours of pain-free rest. He even checked himself out of the hospital and into a motel and surrounded himself with comedy films such as *The Three Stooges* and *Marx Brothers*. In 1978 he became an adjunct professor at the University of California Los Angeles medical school.¹⁵ Cousins' condition and reported self-healing therapy began an onslaught of major research in the field of humor and laughter for the human body's benefit.

Many historical works survived the vicious attacks that humor was bane and should be illegal to be great works today. Those individuals should be commended for moving forward in a time when popular opinion was against them. When the writer taught school, he was given instruction to maintain good classroom discipline and simply buy time with a group of middle-school students who were labeled as non-achievers. The subject being taught was English. Most of the students were predicted to endure a couple more years of school and then drop out. That was the expectation from their social environment. The first day the students came to class it was obvious they were accepting their despair and labeling. This writer saw potential in these human children and set forth a desire to help them not only learn English for their present grade, but to transcend beyond their despair and learn to love learning. As a teacher of those students, this writer, who began to integrate humor into the learning experience, had to put more effort into teaching. The goal was to deal with students no longer as mere receivers of prepackaged

¹⁵ The Baltimore Sun, *Laughter, says Cousins, Really Is the Best Medicine*, October 19, 1990, available from http://articles.baltimoresun.com/1990-10-19/features/1990292074_1_norman-cousins-psychoneuroimmunology-books-ive-written; Internet; accessed 14 May 2011.

information, but as curious, playful, creative human beings. Transcendence out of despair needs a pause, a dereflection as Viktor Frankl described it as when a person's awareness is directed away from his/her disturbance and redirected toward the meaning in his/her life.¹⁶ With these students the writer realized he would no longer be able to present material as neat chunks of knowledge which can be understood in only one way, nor have trains of thought which move from a given point to a pre-established conclusion as he had been trained in the school of education.

The first day a student was at the chalkboard and had written the sentence correctly, this writer went charging to the board and placed his nose a half inch away and read the sentence out loud. Then turning to the student the writer yelled, "Where did you learn to do this kind of work?" The entire class, including the student at the board, was not breathing expecting the fiery ridicule for a wrong response. The writer then grabbed and shook the student's hand vigorously saying, "Congratulations! You are absolutely correct and today you have become the scholar of the day!" The class erupted into hilarious laughter and from that day forward, learning was fun. Ten years later the writer encountered one of the students who said, "Mr. Stalvey, you probably want to know that everyone of your students in your English class went on to graduate from high school except two and those two got their GED and entered the U. S. Military." Humor does have transcending qualities over despair.

Plato would have us believe that human rationality has to reject incongruity, which is counter to our nature to enjoy and even laugh at it. The person who is incapable of laughter and only uses reason to act appropriately in any and all situations, would be

¹⁶ Elizabeth MacKinlay, *Spirituality of Later Life On Humor and Despair*, Melvin A. Kimble, Essay: *Human Despair and Comic Transcendence*, (Binghamton: The Haworth Pastoral Press, 2004) 7.

less, not more fully human. History will surely show we are those who lived with the most stress in life, but those who laughed will be shown to have managed stress most.

Biblical Foundation

Is humor and laughter and, with a stretch of the imagination, even comedy in the scriptures? If the answer is, ‘Yes,’ then why is humor in the Bible so difficult to discern? Biblical scholars have at times offered research on the possibilities of humor in the scriptures; however, this kind of research, until recently, was marginal. Perhaps the greatest opposition to encounters between scripture and humor was when the early scholars and influential biblical interpreters claimed such a connection could be blasphemous. Over the last fifteen to twenty centuries could the study of ‘Holy Writ’ have involved such seriousness of research, until humor was overlooked? This could explain why, in the midst of despair and the serious moments of life, humor appears to be totally out of place. William Whedbee’s introductory thesis foundation in his book, *The Bible and the Comic Vision*, expounds this premise on biblical humor:

As an epigraph for my presentation I cite Baudelaire’s provocative assertion, “Holy books never laugh...” an assertion that I have chosen ironically as a backdrop against which to argue a contradictory thesis: the Holy Book we call the Bible revels in a profoundly ambivalent laughter, a divine and human laughter that by turns is both mocking and joyous, subversive and celebrative, and finally a laughter that results in an exuberant and transformative comic vision.¹⁷

Charles Baudelaire, a French poet and critic of art never got over the death of his retired priest father and his mother’s second husband. Baudelaire, who was probably infected with syphilis, lived a life of despair, thinking his life was created for nothing. He began a work on laughter but never completed it.

¹⁷ J. William Whedbee, *The Bible and the Comic Vision* (Cambridge, United Kingdom: Cambridge University Press, 1998), 4-5.

Humor and laughter are those tools which may assist a person to transcend despair. Whedbee further argues that what gives the comic vision its passion and vital depth is precisely its recognition of the place and power of tragedy, of that vision of the dark, jagged side of human existence which unveils the stark presence of unredeemed death, of unjustified disaster, of unmitigated despair.¹⁸ Whedbee asserts that humor and comedy cannot be felt in its full force apart from tragedy, nor can comedy be delineated and fully appreciated without tragedy.¹⁹ The old cliché says that there is a bright spot in every cloud.

Much of the humor in the scriptures is not immediately obvious. Like the parable Jesus tells in Matthew 13:44, the Kingdom of Heaven is like a treasure hidden in a field..., so is humor hidden in the Bible. It takes careful reading and often serious study searching for humor in the Bible to find it. Many do not come to the scriptures looking for laughter and thus miss it. We are indebted to our Jewish Torah scholars who assist us to see the hidden humor in the scriptures. But for centuries literary research of the scriptures was left to the non-Jewish scholars, since the Jews did not focus on the Bible as literature. According to Yehuda Radday, Christians are looking in one direction of literary research of the scriptures and may miss the subtle hidden humor.²⁰ Radday further asserts that in Judaism humor may be expected in the writings which would more readily connect writer and reader alike.²¹ Humor which is concealed and difficult to

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Yehuda T. Radday, *On Humour and the Comic in the Hebrew Bible* (Sheffield, England: The Almond Press, 1990), 35.

²¹ Ibid.

notice at first reading is all the more powerful and enjoyable once it is revealed. Another interesting note is that a person needs to have a sense of humor in order to appreciate humor. Radday expounds that theologians in general are not noted for their wit, thus not all of them are conditioned to catch the humor however obvious it may be.²² Radday gives a splendid example of hidden humor through the explanation of a Jewish rabbi from Vienna: He was once asked why the five daughters of Zelophehad were enumerated in a certain order in Numbers 27:1, but in a different order in Numbers 36:11. He replied, "It is well known and evident to [Him], who created the world by [His] decree that ladies hate to have their age divulged; for which reason [He] left the sequence of the births of the five girls undetermined in [His] Torah by jumbling their names."²³

Sometime around the fifth century CE on, Radday says, the adoption of Christianity as the state religion in the Roman Empire began a separation of Christian and Jewish belief. Judaism had to take a defensive stand in order not to be outshone in piety by Christian followers, thus the idea of possible humor in the Bible became almost as much of anathema in Judaism as in Christianity.²⁴ To see humor in the scriptures requires serious attention to what the writer intended to infer even at times with tongue in cheek. Many literary scholars until recently have not equated the search for humor in the scriptures as equal to other research. A reason for increased scholarly research on humor in the Bible is because many are beginning to see the intentionality of the writer to purposely place humor in Holy Writ. The ancient writers did not have props to give the audience the clue that humor was being portrayed. The writer does not laugh in

²² Ibid., 33-34.

²³ Ibid., 37.

²⁴ Ibid.

presenting the subtlety of humor expressed. Often it may only be less than a hair's breadth which separates the humor from that which is earnest. Now we turn to seeing specific instances of humor and laughter in the scriptures.

Being true to the central thesis that humor is an instrument to assist in the transcendence of despair, the overall theme of the scriptures is overcoming the despair of being separated from the Creator by human sin. It was not an angry God who created the world and it is not an angry God who devotes time unlimited to reestablishing the relationship between Creator and humankind. One can be amused by Robert Capon's idea of how creation came into being:

Let me tell you why God made the world.

One afternoon, before anything was made, God the Father, God the Son, and God the Holy Spirit sat around in the unity of their Godhead discussing one of the Father's fixations. From all eternity, it seems, he had had this thing about being. He would keep thinking up all kinds of unnecessary things - new ways of being and new kinds of beings to be. And as they talked, God the Son suddenly said, "Really, this is absolutely great stuff, why don't I go out and mix us up a batch?" And God the Holy Spirit said, "Terrific! I'll help you." So they all pitched in, and after supper that night, the Son and the Holy Spirit put on this tremendous show of being for the Father. It was full of water and light and frogs; pine cones kept dropping all over the place, and crazy fish swam around in the wineglasses. There were mushrooms and mastodons, grapes and geese, tornadoes and tigers - and men and women everywhere to taste them, to juggle them, to join them, and to love them. And God the Father looked at the whole wild party and said, "Wonderful! Just what I had in mind! *Tov! Tov! Tov!*" And all God the Son and God the Holy Spirit could think of to say was the same thing: "*Tov! Tov! Tov!*" So they shouted together "*Tov meod!*" and they laughed for ages and ages, saying things like how great it was for beings to be, and how clever of the Father to think of the idea, and how kind of the Son to go to all that trouble putting it together, and how considerate of the Spirit to spend so much time directing and choreographing. And for ever and ever they told old jokes, and the Father and the son drank their wine in *unitate Spiritus Sancti*, and they all threw ripe olives and pickled mushrooms at each other *per omnia saecula saeculorum*, Amen. It is, I grant you, a crass analogy; but crass analogies are the safest. Everybody knows that God is not three old men throwing olives at each other. Not everyone, I'm afraid, is equally clear that God is not a cosmic force or a

principle of being or any other dish of celestial blancmange we might choose to call him. Accordingly, I give you the central truth that creation is the result of a Trinitarian bash, and leave the details of the analogy to sort themselves out as best they can.²⁵

In Genesis we are introduced to an old couple who have a despairing situation.

Abraham and Sarah believe God has promised them a son, an heir who will have offsprings as multiple as the sands of the seashore and the stars in the heavens. They have been believing this for a lifetime and as they are progressing into very old age, God shows up again and lets Abraham know the promise is about to be fulfilled (Genesis 17:15-17). Abraham does what any ninety-nine year old man would do if told his ninety year old wife was going to get pregnant and have a son; the scriptures tell us he falls on his face, laughing hysterically.

There is another side of this preposterous event and that is the tragic element.

Abraham and Sarah have long anticipated the promise of an heir, but appear to be spiraling into a pit of despair. Like the story of the young man who saw “G-P-C” in the clouds one day and thought it meant, “Go Preach Christ.” He did and was very poor about the task. When he met a caring individual and explained his situation he was told that the vision was not “Go Preach Christ,” but “Go Plant Corn.” Thus Abraham and Sarah began to question the promise of an heir because they were beyond child-bearing days. Like Don Quixote, at times we begin with regal ambition, only to spiral into despair or depression when vision balloons pop. However, the Hebrew Scriptures portray the about-face or other side of the coin of tragedy. What appears to be a lost cause suddenly brings the person of the story back to the joy or laughter. So Don Quixote discovers when he thought his crusades were a lost cause, there was joy and laughter.

²⁵ Robert Farrar Capon, *The Third Peacock, the Problem of God and Evil* (San Francisco: Harper and Row Publishers, 1986), 7-8.

The story of Abraham and Sarah takes on the two sides of a coin of comic and despair. The saga is interrupted often by sidebar detours having both the comic and despair present. We are not able to follow the birth announcement story due to the fact unexpected situations arise such as the placing of Sarah into a concubine to save what Abraham thinks is his hide in a foreign country. A good comparison of Abraham and Sarah might be the adventures of Lucy and Ricky Ricardo in the *I Love Lucy* episodes. The hilarious despairing moments often have a U-shaped ending returning to joy. Even the most desperate situations are filled with the comic element. For instance, after Isaac is born, God demands Abraham take his only heir and go to a specific location and there sacrifice his son. If the story was incongruous with God announcing two very old folks will be occupying the maternity ward, it becomes even more absurd that the promise of God is about to be reneged. One wonders why Abraham fell on his face, laughing hysterically, at God's announcement of Isaac's impending birth, and promised heir, and he does not fall on his face when God tells him to go and kill his son. Both are a "you've-got-to-be-kidding" reaction.

In evaluating the aged couple, Sarah and Abraham, in response to the promise of a son, their laughter is a most human response to an incongruous event loaded with humorous elements. The normal worldly occurrence of events, according to Abraham, is that God's promise is preposterous (Genesis 17:17). God responds to Abraham by building on Abraham's laughter and telling him his son will be named, of all names, Isaac, which in Hebrew means 'he laughs' כדי לצחוק (Genesis 17:19). Radday says that YHWH does not allow the sound of laughter to die in Abraham's throat, but rather seizes upon the Hebrew verb כדי לצחוק and declares that it will be the name of the coming heir.

In so doing YHWH permanently embeds laughter into the line of Israel's ancestors: Isaac will bear in his very being the image of laughter.²⁶

Radday believes the Genesis narrative of Sarah and Abraham and Isaac is written with master strokes of artistry in the form of humor and the comic element. He explains that the elements add up to 'something equivalent to Hebrew farce.'²⁷ Before this promise, He Laughs is born to the aged couple, the narrative shifts to further comic elements. The destruction of Sodom and Gomorrah is inserted to illustrate a comic element of one's hated relatives. It includes the demise of kinship of the Moab and Ammon cousins who are the product of an incestuous union (Genesis 19). Such stories project a kind of virulent "ethnic humor" focused on the supposed perverse sexual practices of rival groups.²⁸ The narrative shifts of the writer provide the examples of the U-shaped elements related to comic tales or stories. These elements move along the story line averting potential disaster and despair back to celebrative joy.

Finally, the promise is fulfilled and 'He Laughs' is born to Sarah and Abraham. Sarah, full of joy, exclaims, "God has made laughter for me; everyone who hears will laugh with me." Then she says, "Who would have said to Abraham that Sarah would suckle children? Yet I have borne him a son in his old age (Genesis 21:6-7). The name Isaac denotes laughter in response to such an amazing turnabout in the lives of an otherwise barren couple. This divine announcement of the promised birth originally was met with skeptical laughter in the face of absurdity. Now it creates joyous laughter.

²⁶ Radday, *On Humour and the Comic in the Hebrew Bible*, 124.

²⁷ Ibid.

²⁸ Whedbee, *The Bible and the Comic Vision*, 55.

Equivalent in the New Testament to the Sarah, Abraham and Isaac narrative is the story of Jesus healing the sick daughter of Jairus, a synagogue ruler. Again, a person coming to this text not expecting or looking for the comic element will miss the humor in the narrative. There are two stories in the text Mark 5:21-43. The first and ending story is about Jairus whose twelve year old daughter is sick unto death. Sandwiched between the Jairus story is the story of the woman with a twelve year issue of vaginal hemorrhage. According to our Jewish biblical scholars it is important to place ourselves in the position of those hearing these stories in order to comprehend the comic element. It is also logical to suppose that if God began scripture with wit and laughter, God, being the same forever, might also share a bit of humor in despairing situations like the Abraham promise of an heir or in these stories. It is not that God intended the text to be comical, but with the human component it is easy to read into the text the comic element.

Jairus approaches Jesus and begs him to come to his home to heal his very sick daughter. Along the way Jesus is interrupted by the woman with the issue of blood. This delay would be a moment of humor that Jesus would delay going to the aid of the little girl by a woman who could make him ritually unclean. It is not hard to imagine the impatience of Jairus when Jesus stops and wants to know who touched him. The immediate agenda is that a little girl is dying, and Jesus stops to ask a question which even the disciples thought was absurd. The interpretation of Jesus being pressed upon by the crowd literally means that he was in danger of being crushed, and yet he wants to know who touched him. Who cares who touched you, we have to get to Jairus' home. This may be similar to the story of the delay in coming to sick Lazarus who dies before Jesus arrives. This interruption and others in Mark's writings may be a message to those

who are so busy in life that we miss the real opportunities for service. This is akin to what a seminary professor once said of people who heard Jesus was coming and were waiting in the living room of the home looking out the front window. Jesus comes in the back door and comes to the front room where people are very busy looking for Jesus. When Jesus asks what they are doing, he gets the response, “Be quiet, we are waiting for Jesus.” The humor is that Jesus risked becoming unclean ceremonially and thus further delaying the journey to Jairus’ daughter. Henri Nouwen once said, “You know...my whole life I have been complaining that my work was constantly interrupted, until I discovered that my interruptions were my work.”²⁹ Both *God’s Word Translation* (1995) and the *International Standard Version* (2008) of 1 Corinthians 1:25 say, God’s nonsense is wiser than human wisdom, and God’s weakness is stronger than human strength. Someone once said, “If you want to make God laugh, tell God your plans,” (quote unknown).

When Jesus and Jairus continue their journey, messengers report to them that the little girl is dead. Jesus instructs Jairus to simply believe. Not everyone present in this story has full knowledge that Jesus is the Christ, the Son of God. So as Dr. Barbara Brokhoff once said in a sermon, “Unless you are Jesus, don’t tell someone whose child has died, not to cry.” To those around Jairus, Jesus’ statement must have sounded extremely absurd to one in great despair. They arrive at the home of Jairus and the professional mourners have assembled and created a wailing commotion. When Jesus makes the diagnosis that the little girl is not dead without seeing her, the crowd laughs him to scorn. One can imagine the shrill responses, “Want to borrow my mirror to hold under the little girl’s nose to see if she is breathing?” “Around here when a person’s heart stops beating, we say that person is D-E-A-D!” They go on until Jesus puts them out.

²⁹ Henri J. Nouwen, *Reaching Out* (New York: Doubleday, 1975), 36.

It is interesting how the scenario changes once the little girl comes back to life. Just as the promise of an heir comes true for old Sarah and Abraham in an absurd way, Jairus is blessed with the restoration of his daughter's life. It is not hard to imagine that there was laughter all around or joy unspeakable.

For whatever reasons humor, which leads to laughter, assists people to transcend despair, the end result most often is joy. Our Jewish scholars are correct; we come to the scriptures too seriously to be serious about humor in the Bible. Humor is not always obvious on a surface level study of the scriptures. It also helps if the one who comes to the Bible looking for humor has a sense of humor. These two narratives of Old and New Testament give evidence of biblical humor.

Theological Foundation

A professor of Old Testament remarked one day, "Class, if you have never seen God smile nor heard [Him] laugh, you do not know [Him] very well." Indeed, one's understanding of God is unexpectedly expanded by discovering in the Divine —and in ourselves — the attribute of humor with its uniting, healing, revelatory, and life-affirming powers.³⁰ A person who confesses Christianity has an enormous need met because the concentration is on joys which are eternal, rather than on despair and suffering which are superficial. The Christian can enter into humor, not because he/she is blind to despair and suffering, but because the conviction is that these are never ultimate. A Christian's humor is not denying the suffering and anguish of troubles, but affirms that which is deeper than despair. Life is filled with incongruity, and unless one has a faith which believes the incongruities are temporary, there remains the pit of despair. Karl Barth describes humor

³⁰ Ice, *Notes Toward a Theology of Humor*, 388.

as a form of “liberation and release” that allows us to embrace the incongruities and limitations of the present and prevents us from taking ourselves too seriously in light of the ultimate seriousness of God and the divine work of redemption.³¹ This section explores a theology of transcendent humor which enhances faith in the freedom from self-pity and other forms of denouncing the self which God intends. It is a theology of hope and Christian freedom that despair and suffering will not have the last word.

In the biblical narrative motif of Sarah and Abraham, there exist two kinds of laughter. In the first kind of laughter, when God suggests these two old people will frequent the maternity ward, the message is met with derisive unbelief. When the promise is fulfilled a new kind of laughter emerges, the laughter of faith which the old couple accept with joy. The incongruity abounds in the belief that Sarah and Abraham have more intelligence than God. To them it is absurd at their age that even God could pull off such an event. We as human beings are the only part of God’s creation given the ability to transcend ourselves. We can feel superiority, real or pretended, to others and even to God. On the other hand we are able to recognize our own mortality and finitude. Seeing this double element means we are able both to laugh and to be laughable to others. As we engage life with its double meanings of making complete sense and which makes absolutely no sense whatsoever, we laugh because we have been given the vision of that which makes us human, the awareness of contradiction and the inevitable fall into contradiction.

The theology of humor is grounded in Christian freedom in response to the grace of God. Barth sums up his theology of humor by saying: Humor is the opposite of all

³¹ Jessica N. DeCou, *Too Dogmatic for Words, Karl Barth’s Comic Theology* (Chicago: University of Chicago Divinity School, 2011), 1.

self-admiration and self-praise (CD III/4, p.665). There is, in other words, such a thing as Christian freedom to laugh at ourselves, to recognize the incongruity and disproportion between the sinners we still are and the saints we prematurely claim to be, and thus to recognize ever and again the miracle of our being graciously accepted, valued, and honored by God.³²

Reinhold Niebuhr refers to humor and laughter as being a tool, which, when in despair, a person may see a moment of incongruity about some life situation.³³ It is like a moment of coming up for much needed air, or a break from the despair. In this writer's personal experience it was humor which kept his sanity when experiencing abuse as a child. He could hear a joke about an absurd situation and laugh. It dawned on him that if he could laugh at things which were incongruous perhaps he could laugh or poke fun at his own incongruous situation. Of course much of this was reflected upon later in life and began to make sense. Perhaps at the moment of the abuse humor and laughter were gifts from God to rescue a helpless little boy in a most hellish incongruity of life.

One theory of humor is that it is a spiritual gift from God. Niebuhr says that humor is like a distraction from the despair so a person may begin to develop a new way of dealing with the despair. In the art of magic it would be considered slight-of-hand. The magician gets a person's attention away from the actual act of magic, distracting the person so as not to be able to see the slight-of-hand which would fully explain the trick. Humor gives the person a break from the depths of despair which could then allow the individual a moment to reflect, refocus, or even realize laughing at something

³² L. Migliore Daniel, "Reappraising Barth's Theology," *Theology Today*/43, no. 3 (Oct. 1986): 309.

³³ Reinhold Niebuhr, *Humor and Faith*, (New York: Charles Scribner and Sons, 1946), 111-112.

incongruous, may permit pause before slipping back into the despair. Nelvin Vos says that Soren Kierkegaard believed the heavier the weight of despair, the more a person welcomed the humor or comic.³⁴ At funerals most people are very serious and most reverent, but upon hearing the slightest, infinitesimal humorous remark in the eulogy, those in attendance may erupt in laughter. The pause of humor gives an individual reflection to an option of liberating freedom transcending despair and suffering.

Kierkegaard speaks of humor as “the joy which has overcome the world.”³⁵ He further says that it is wrong to be serious in the wrong place and to laugh in the wrong place. For Kierkegaard life is full of events which he calls “contradictions” which are full of possibilities for humor. The more we live in these contradictions the more we see the comic of life. Kierkegaard believed that tragedy, like comedy, focuses on problems, but while the comic perspective sees a way out, the tragic perspective despairs of a way out.³⁶ In this thought, humor has a much higher value than it has traditionally been thought to have and very important to human life in a way that nothing else has. It is important to note at this point that just because a person has a sense of humor or even laughs a lot in life, does not mean that person is not serious about life.

Those persons with quick wit and sharp senses of humor tend to see more, not fewer, problems; more of real life, warts and all. Humor allows a person to face the despair or problems of life, not deceiving ourselves that everything is going to be great, but a way to ride out the storm. Humor is a way to cope with difficult situations and assist

³⁴ Nelvin Vos, *The Drama of Comedy: Victim and Victor*, (Richmond: John Knox Press, 1966), 99.

³⁵ Soren Kierkegaard, *Concluding Unscientific Postscript*, tr. David Swenson and Walter Lowrie, (Princeton: Princeton University Press, 1941), 259.

³⁶ *Ibid.*, 84-84.

in transcending the despair of whatever may be overwhelming a person. Humor and comedy can be profoundly serious, serving as one of the most compelling strategies for dealing with chaos and suffering. Not all humor has elements which elicit laughter. Some humor exposes a perception of incongruity which exists in the realm of the ironic, the ludicrous, and the ridiculous, while other humor leads to the happiness of an individual transcending despair.

The book of Job in the Old Testament of the Bible has recently been the research work of scholars whose thinking lies with Job being more of a comedy than a tragedy. This research is growing in interest with scholars such as William Whedbee, Christopher Fry, Northrup Frye, J. C. McLelland and more. These scholars view Job as an individual beset in despair and evolving to full restoration in a comic genre. Upon first glance readers may bristle from the idea that Job is a genre of comedy when so much despair and agony is present in the text. Such a reaction could be based upon the idea identifying comedy with laughter. This is not a commentary on Job, but suffices to say there is a comic element throughout the text.

What has affected Christianity most is that it has forgotten (or never learned) how to laugh. Even as we come into the presence of God, we are freed to offer whatever gifts we bear, including the gift of humor. Humor is not some wart or blemish of our souls, but a real part of our being. Everyone who has ever laughed can attest that it came from within. Are we not made in the image of God? Would God have placed such a thing in us which is indeed a gift and not have such an attribute of God's self? Chad Walsh says that "The man or woman who passes into the holy of holies and ceases to laugh is bringing into God's presence a mangled creature, one who is less than the full being that God

intended that person to be.”³⁷ How else do we make sense of a God who descends into the lives of the least, the lost and the last and identifies with a world in the most incongruous means and methods? It is absurd that the Creator becomes a creature to help all the other creatures transcend to the highest liberty.

Humor allows us to know God more fully and have a close relationship with God. There is a hardy and playful banter with God that seems to be much more prevalent in the Jewish tradition. There it takes the form of a particular expression of prayer known as *Chutz pa k'lapei shemaya*: boldness with regard to heaven. Its goal is intimacy — a deeper relationship with God made possible by the mutual acceptance of play. For example, in the rabbinical tradition it is said that Moses once took God to task for using inconsistent pronouns in speaking of the people of Israel. In Exodus 3:10, Yahweh had said, "Come, I will send you to Pharaoh that you may bring forth my people, the Israelites, out of Egypt." But after Israel's sin with the golden calf, God said to Moses, "Go down, for your people, whom you have brought out of the land of Egypt, have corrupted themselves" (Ex. 32:7). Moses then cried in protest, saying, "Wait a minute, God. You can't call them your people when they're good and my people when they're bad. Whether they're good or bad, they're still your people!" The rabbis, of course, knew that God broke into laughter at that moment, unable to resist the prayerful teasing of someone God loved.³⁸

James Martin, SJ has written on why joy, humor and laughter are at the heart of the spiritual life. In fact, Martin expounds how humor can show Christian courage as he

³⁷ H. Conrad Hyers, *Holy Laughter* (New York: The Seabury Press, 1969), 244.

³⁸ Belden C. Lane, "God Plays Rough for Love's Sake," *Christian Century* 104 (October 14, 1987): 880.

explains how the third-century martyr, St. Lawrence, instructed the people who were roasting him to death, “Turn me over, I’m done on this side.” Martin says that humor in the face of martyrdom articulates, “I do not fear death; I know that my Redeemer lives.”³⁹

Martin argues humor deepens our relationship with God; just as healthy human relationships include humor. He suggests that the “aha” moments in life are signs of God’s playfulness.⁴⁰ Martin records Mother Teresa’s humor when she commented during the time that Pope John Paul II was known for canonizing an unprecedented number of saints. She was asked by one of her sisters how she (Mother Teresa) could become a saint. Martin shares the sister most likely was expecting a pious answer on living a holy life, serving the poor, and praying frequently. Instead Mother Teresa laughed and said, “If you want to be a saint, die now. The Pope is canonizing everyone.”⁴¹

James Martin believes joy, humor, and laughter should be part of everyone’s spiritual life. He believes these are gifts from God. According to Martin, there are eleven and one half reasons why the spiritual life is centered in humor and laughter:

- Humor evangelizes; it shows a person’s faith in God.
- Humor is a tool for humility; it reduces our ego.
- Humor can help us recognize reality.
- Humor speaks truth to power; it can expose and defuse piousness.
- Humor shows courage; it can laugh in the face of the worst.
- Humor deepens our relationship with God.
- Humor welcomes; it shows hospitality.
- Humor heals; it offers wellbeing.
- Humor fosters good human relations; it creates community.
- Humor opens our minds; welcomes spiritual insight.

³⁹ James Martin, *Between Heaven and Mirth* (New York: Harper One, 2011), 96.

⁴⁰ Ibid., 208.

⁴¹ Ibid., 209.

- Humor is fun.
- Humor is practical; it helps us out of situations.⁴²

When asked why he believed the saints of the church had a sense of humor when most theologians portray them as serious, Martin explains that humor reminds us of our poverty of spirit. Laughing at the self is a reminder of being human and reliant on God like anybody else. Speaking about St. Philip Neri as the “Humorous Saint,” Martin says Philip went around Rome with half his beard shaved just to make people laugh and to remind them not to take themselves so seriously. St. Neri also kept a sign posted over the door of his home which read, “The House of Christian Mirth.”⁴³ Finally, Martin looks at St. Teresa of Avila when she was knocked off her donkey, fell into the mud hurting her leg, and she says to God, “Why are you treating me like this?” The answer she hears in prayer is, “This is how I treat my friends.” And she says, “Well, that’s why you have so few of them.”⁴⁴ James Martin offers a refreshing current theology about humor and laughter.

In 1961 Merrill Womach was a trained singer, working for a funeral home, who began a company which provided music for funeral homes. Womach was also a pilot and was taking off from an airport when his plane experienced difficulty and crashed. His face was burned beyond recognition and required over fifty surgeries. His appearance after the surgery remained grotesque to most people who saw him. He wrote a book, “Tested by Fire,” about his experience of despair and eventually made a movie, “He Restoreth My Soul,” which depicted his life. This writer, attending an event with

⁴² Ibid., 87-119.

⁴³ Ibid., 77.

⁴⁴ Ibid., 98.

Womach, heard him say that people would go completely around the block just to get a second look at his face. Ironically, Womach recorded a song which became his theme song at his appearances which was entitled "Happy Again." The lyrics of the song express how he was happy before and that he would be happy again; even death cannot rob him of his joy. Womach became an inspirational story to others with humor interspersed in his witness and testimony. Like Job, Womach's story is one of transcending despair and being fully restored, using humor and comedy and joy along the journey. The playwright, Christopher Fry, observes how close we live at times between tragedy and comedy:

The bridge by which we cross from tragedy to comedy and back again is precarious and narrow. We find ourselves in one or the other by the turn of a thought...I know that when I set about writing a comedy the idea presents itself to me first of all as tragedy. The characters press on to the theme with all their divisions and perplexities about them; they are already entered for the race to doom, and good and evil are an infernal tangle skinning the fingers that try to unravel them. If the characters were not qualified for tragedy there would be no comedy, and to some extent I have to cross the one before I can light on the other. [But] a bridge has to be crossed; a thought has to be turned. Somehow the characters have to unmortify themselves: to affirm life and assimilate death... Their hearts must be as determined as the phoenix; what burns must also light and renew: not by a vulnerable optimism but by a hard-won maturity of delight, by the intuition of comedy...⁴⁵

The spirit of comedy and humor celebrates the capacity to survive and to endure, even calling for a transcendence above that which may despair. The vision is eschatological which calls for an inevitable happy ending. Humor is a way of surveying life so that happy endings must prevail. To live authentically is to be true to one's

⁴⁵ Christopher Fry, *Comedy Essay*, Corrigan, Robert W., *Comedy: Meaning and Form*, (San Francisco: Chandler Publishing Company, 1965), 17.

essential nature, and part of humanity's essential nature is to laugh, to see the humorous dimension at the depths of existence. Humor expresses a dimension of consciousness that gives richness, value, and dignity to human life, despite the inescapable bonds of human fate. Through such divine humor, one is able to bear up under intolerable circumstances that otherwise would consume one. Such laughter is transcendent. It is beyond words. By humor, or ultimate discern, we transcend our conditioned nature and become united with God.

While it would be wrong to give the impression that humor is a dominant characteristic of the Bible, it is being suggested that it is more theologically significant than scholars have usually allowed. Humor is rooted in our Creator, and hence provides for us a reflection of divinity; thus, humor gains its most basic relevance for theological consideration. As Christians begin to see the humor in the Bible, God's laughing will become more audible. One will begin to see the lighter side of God in a more meaningful way. The dynamics of humor open up a viable and creative approach to the task of enlarging and revitalizing the theological vocation. If God gives humor its significance and justifies laughter, then humor, in its turn, can bathe even theology in its dancing light.

While many do not often think of spiritual matters in humorous terms, it may be wise to do so. Humor comes in handy when dealing with the many idiosyncrasies of the Christian life. The Bible declares that "a cheerful heart is good medicine." But the Bible doesn't single out laughter as a magic healing pill. The Bible seems to cite laughter as merely the signal of an overall attitude that both embraces life and wryly accepts our creaturely status before the creator. This attitude says that life is a good thing, a gift from God to be used as creatively and positively as possible. This may not bring belly laughs,

but it should leave a deep sense of joy and hope. "This life embracing attitude also prevents us from taking ourselves too seriously. Who are we, after all, to question the mind and nature of our all-knowing Creator? And when we see our simple silliness in the face of events that are obviously far bigger than we are, laughter is often the best response."⁴⁶

⁴⁶ Terry Muck, "Seriously Folks," *Christianity Today* February 19, 1990, 11.

CHAPTER FOUR

METHODOLOGY

The setting for this Doctor of Ministry Research Project is one of eight campuses of the long term care facilities called Magnolia Manor in Americus, Georgia. The specific section of the campus for the project is the nursing center. The participants who will be part of the research study are predominantly wheelchair bound. It is the Gelotologist's hypothesis that persons in nursing center/home facilities who are experiencing despair will be able to transcend hopelessness and meaninglessness to the freedom of hope and meaning through the implementation of laughter yoga. The researcher plans to use laughter yoga as a means of dereflection to demonstrate how participants can use humor and laughter as a redemptive power to break bonds which limit freedom; not always physically, but also that which can mentally confine, such as boredom and worry, by focusing the person's awareness away from the despair. The goal of this research project is to assist participants to understand how possessing hope and utilizing humor and laughter to cope with life's stressors and losses in the potential decline of independence are important to wellbeing.

Individuals who have a propensity to despair have been shown to indicate more physical discomforts, obsessional symptoms, boredom, depression, stress, and anxiety. This project investigates the relationship between despair and laughter which may lead to a better sense of humor. The researcher goal is to show that those who are hopeful can

cope most successfully with life's adversities. There is evidence to support this finding through the Herth Hope Index.¹ The Herth Hope Index measures how hope can be a motivational factor, which – much like attitudes – consists of emotional reactions to self and situations. The Herth Hope Index is a twelve item index adapted from the thirty item Herth Hope Scale. It has an alpha coefficient of .97, and test-retest reliability of .91 within two weeks. The face and content validity was established by two panels, the Expert Research Measurement Panel and the Client/Nurse Clinician Panel. Criterion validity was assessed by correlating the Herth Hope Index the following three measures: the Herth Hope Scale ($r = .92$), the Existential Well-Being Scale ($r = .84$), and the Nowotny Hope Scale ($r = .81$). Divergent validity was established with the Hopelessness Scale ($r = -.73$). The Herth Hope Index is short and easy to administer, and will be used as a Pretest, before the first session, and Posttest, after the last session. It is a good instrument for research participants with limited concentration. A sample of the Herth Hope Index can be found in the appendix on page 110.

The research selection of specific participants will be accomplished collaboratively with the context associates, the nursing center administrator, senior nursing staff, and activities director. The aim is to select approximately twenty-five participants who, by their medical diagnosis, indicate a predisposition to despair. Evaluation of the participants' FAC sheets and discussion with the nursing center leadership, will guide the selection of potential participants for the research.

The next step in securing participants for the study will be personal interviews with potential residents and obtaining signed individual consent. A sample of the Chaplain's Office consent form can be found in the appendix on page 112. It is planned

¹ C. J. Farran, K. A. Herth, J. M. Popovich, "Hope and Hopelessness," *Sage*, 1995.

that if the predetermined participant grants consent to be part of the research, the Herth Hope Index Pretest will be administered. The researcher, during the initial interview, will also answer any questions or concerns about the research the participant may have. Instructions indicating the date, time, and location of the research sessions will be given to each consenting participant as well as the nursing center section charge nursing staff. This will insure the participant will be brought to the designated room on time for each session.

Each consenting participant will be identified throughout the research by coding. No one will have access to the key to identify specific individuals except the researcher. Upon completion of the research project, the identification codes will be destroyed.

A demographic study will be made of each participant. This data will include gender, age, race, marital status, religion, if any, and previous occupation prior to becoming a resident at the nursing center. The demographic data will be used to assist in explaining the responses to the sessions. Demographic results can be seen in the next chapter, and the complete demographics can be found in the table on page 118.

Multiple scientific studies have shown that laughter lowers blood pressure in individuals. This does not have to be proven; however, this researcher desires to discover if this is true with this group of elderly nursing center residents. Blood pressure data will be gathered before and after four of the eight planned sessions. Specifically, the blood pressure data will be collected on the even numbered sessions, i.e., two, four, six, and eight. This should be sufficient data to indicate if the laughter initiates lower readings of blood pressure. Additionally, because laughter in laughter yoga does not have to be genuine (real) laughter, but can be mechanical or fake laughter, if the blood pressure data

collected proves lower readings, this will prove the human body cannot distinguish between the different kinds of laughter. It has been proposed that the human body can obtain the same physiological benefits from fake or manufactured laughter.

Throughout the research sessions observation will be done by the researcher and specific staff and contextual associates to gather data indicating improved emotional wellbeing. The observation will include, but not be limited to, how responsive is the participant during the sessions; does the resident participate in all activities; is there indication the participant is enjoying the sessions; does the participant indicate a change from lethargy to being more active; is the participant showing less signs of uneasiness; can it be determined the participant is involved with socialization with the other participants; are there noticeable differences of the frequency of laughter between males and females. Observation of the nursing center staff will also be made to indicate how receptive they are to this program since most have never heard of laughter yoga. This will be a determining factor to indicate continuance of the program in the future and introduction to other campuses. The context associates will assist with this task.

Following the sessions, individual interviews will be conducted and participants will be asked the following seven questions:

1. How did you feel when you laughed?
2. How would you feel if you laughed more?
3. What did you find humorous and made you laugh?
4. What sources helped you to laugh today?
5. How often do you laugh?
6. When was the last time you remember laughing?
7. Growing up, what kind of value was placed on laughter?
by you; by your family; by your friends?

These questions will be used as a survey for part of the qualitative research data collected from the participants. These questions will also help to indicate if the participants are moving toward wellbeing and meaning.

How is a laughter yoga session conducted? The first important fact is that a person should not attempt to lead laughter yoga unless certified to do so. The certification training focuses on every aspect of laughter yoga and its principles. There are specific guidelines to follow when leading a group, which basically includes breathing techniques, body movement and laughter. Before every session five key reminders must be shared with the participants to prevent discomfort; see page 81.

The leader of laughter yoga upon certification can access hundreds of laughter yoga exercises and know how to create new ones. A session is typically thirty minutes in length with a total of twelve laughter yoga exercises selected for the event. Although laughter yoga can be done in many positions, for this research project all sessions will consist of what is called “seated” laughter yoga. This means that each exercise can be accomplished in a seated position, making it unique for the wheelchair bound participants. In addition to the menu which lists the exercises and the explanation of each exercise, a stop watch or other timing device is will be used.

The suggested group arrangement for each session is to have the participants form a circle and be able to observe the leader. It will be very important to have the participants arrive on time so as to prevent repetition of instructions. The leader should exhibit a very positive environment during the entire session. Positive feedback following each exercise is encouraged to help the participants feel progress is being made. A usual response at the end of each exercise is “Very good, very good!” Knowing how long each

exercise should be and when to intersperse the breathing techniques when working with elderly participants is vital. Unless specifically designated for a certain time length, each exercise for elderly residents should be approximately twenty seconds. Once the participants become more acclimated to the program, exercises may be extended, but not more than forty-five seconds each time.

It is not necessary to group laughter yoga exercises similarly, however, to make transitions from one exercise to the next, having exercises in specific grouping patterns helps the thought process of the participants. An example for grouping laughter yoga exercises may be those which are associated with specific locations such as the kitchen or a specific theme such as a movie like the Wizard of Oz. This process helps to initiate anticipation from the participants who are not informed ahead of time to the next exercise.

Leading a laughter yoga session requires following a five step process:

1. Understand the context: who, what, why.
2. Tune up: crowd breaker, 5 key reminders.
3. The actual laughter workout.
4. Utilize breathing techniques.
5. Wrap up: drink water, next session.

Before the participants do an exercise, the leader does three things: *declares*, this tells what the exercise is; *demonstrates*, shows the exercise to the participants; and *do*, the leader invites the participants to do the exercise. Participants are told they can join each exercise at their own pace. The person is never required to do any part of a session except voluntarily. Because there may be participants who are stroke victims and restricted with specific bodily movement, the leader should demonstrate that it is permissible to join the exercise however possible. If a person has no mobility with an arm, but can use the other

arm, the participant is encouraged to join the exercise in that fashion. Participants are observed and praised for their participation.

Before any laughter yoga session begins, the leader always shares the five key reminders for the group:

1. NO NEW PAIN! Do nothing you are restricted not to do.
2. Make eye contact with the leader.
3. No talking during an exercise.
4. Act it out: fake is fine.
5. Be enthusiastic, join in the fun.

These five key reminders are vital to maintain group control and invite participation from the group. The first key reminder is crucial: NO NEW PAIN, means do nothing which may cause any kind of pain. Laughter yoga is not designed to be uncomfortable. A participant should not experience any additional pain from the gentle body workout. The leader should be sensitive to those in the group and remind the participants not to laugh if they have had any recent surgery. For this reason it is important the leader be certified in the training. It is a liability issue.

The final laughter yoga exercise for each session will end on a very positive exercise. Because the desired result is to help persons predisposed to despair transcend toward meaning and hope, helping them role play a positive effect is important. For instance, if the leader wants to leave the participants with the idea they can throw away their worries, a positive laughter yoga exercise would be to have the persons remove their worries from their hearts and heads and place in a basket and empty the basket. While role playing this exercise, the more one removes their worries, the more the person laughs. Multiple positive-session endings are available to send the participant away with feelings of wellbeing.

Measurement and Time Line

This Doctor of Ministry Research Project will utilize multiple measurement methods called triangulation. Triangulation is a powerful technique that facilitates validation of data through cross verification from more than two sources. In particular, it refers to the application and combination of several research methodologies in the study of the same phenomenon.² This research study as an exploratory design is one in which there is no control group and/or has a comparison group that is formed non-randomly, therefore yielding results which are difficult to interpret.³ In other words, because there is little knowledge of the effect of laughter yoga helping elderly persons transcend despair, this yields itself to a pioneer study. The results of this study may be advantageous to future research studies of a similar nature. The results will be more revealing of individual progress than if there was a control group for comparison measurement.

The first method of measurement will be the Herth Hope Index. Indicators from the posttest are hoped to show specifically that responses from numbers 1, 2, 5, 7, 8, 9, 10, 11, and 12 are that the participants agree or strongly agree. These responses are positive in nature. It is also hoped from the posttest that responses from numbers 3, 4, and 6, which are negative in nature, that the participants strongly disagree or disagree. If the participant indicates the positive responses more than the negative responses then the resident exhibits hope. Comparison of the pretest and posttest scores will be done to determine whether there are changes in effect over the course of the research study.

² R. C. Bogdan, and S. K. Biklin, *Qualitative Research in Education: An Introduction to Theory and Methods* (Boston: Allyn and Bacon, 2006), 72.

³ S. W. Huck and W. H. Cormier, *Principles of Research Design* (New York: Harper Collins, 1996), 578-622.

A second method of measurement will be the blood pressure data. If the data indicates a lower reading following the sessions, then the indication is that laughter lowers blood pressure. The more participants with a lowered blood pressure reading following each session, the more the indicator shows benefits from laughter.

The third method of measurement will be the individual interviews with the seven questions listed above (see page 78). The researcher will be listening to see if the person indicates a more positive mood and demeanor. These interview questions are designed to indicate relevant differences among the participants for higher and lower hope ranges. If a person answers more positively, the indication would suggest a higher hope level. The more negative responses a participant offers suggests a lower hope level.

The approximate timeline for the ministry research field testing is as follows:

Table 4.1. Time Line for Ministry Model Testing

Months	Targeted Assessment
September 2011.....	Complete literature review for ministry model
November 2011.....	Develop research methods and ministry model
February 2012	Begin research design and begin compiling data
March 2012.....	Conduct posttests and compile data
June 2012.....	<u>Write final project and conclusions</u>

Source: United Theological Seminary Doctor of Ministry requirements

CHAPTER FIVE

THE FIELD EXPERIENCE

During the 2011 International Society for Humor Studies (ISHS) Conference at Boston University, the final components for this Doctor of Ministry Research Project were identified. Early in the event, this researcher discovered the concept of laughter yoga. The idea that laughter yoga could be the methodology to work toward a solution of how laughter and humor could help elderly persons transcend despair was introduced. The researcher already had knowledge of Viktor Frankl's Logotherapy and more specifically, the idea of dereflection where a person can redirect thoughts of despair to discover meaning and the art of living. Laughter yoga was the dereflection or pause necessary to help long term care residents predisposed with despair refocus enough to realize despair does not have the last word. Following the ISHS Conference certification was obtained by the researcher to become a laughter yoga instructor. The research design was ready to be implemented.

The Context and Research Participants

The Vice-President of Operations for Magnolia Manor was consulted to discuss the nursing center as the setting for this research design. From that conversation, the researcher contacted the Magnolia Manor Nursing Center Administrator and also the Director of Nursing for a collaborative meeting with the context associates to discuss the project. The leadership and context associates endorsed the idea and selection of the

participants began. Early on it was obvious a process of education would be necessary to help people understand the serious benefits possible with laughter yoga due to the fact few had ever heard of the concept. The nursing staff relayed to the researcher that a more appropriate name of this research should be laughter yoga therapy since it was considered a Complementary Alternative Medicine. Although the laughter yoga was a form of exercise, what was hoped to be accomplished was indeed a form of therapy. This was one of the first things learned in this research design.

The research design was seeking a participant group size of approximately twenty five residents. After meeting with the nursing and leadership staff, a group of twenty seven residents were selected. These residents were selected based on predisposition to despair or depression based on their medical diagnosis. The researcher met with each participant to seek individual consent, and then the pretest using the Herth Hope Index was administered. The majority of the participants needed the pretest administered orally. Their responses were recorded without influence. A note should be made concerning biased influence since the researcher is also the senior chaplain. The researcher does not have constant contact with the residents because there are seven other campuses which the researcher supervises. There are two additional chaplains who have more contact with the residents than the researcher. The researcher does not have close contact with the participants and therefore influential bias was reduced to a minimum. At each initial interview demographic information was obtained. When all participants had given consent to voluntarily participate in the research design, anonymous coding to protect the identity of the residents was established. This coding identification is only known by the researcher. The complete demographic data can be seen in the appendix on page 118.

The demographic specificity of the group was divided by gender, age, race, marital status, religion, and previous occupation prior to becoming a resident at the Magnolia Manor Nursing Center. The gender data revealed more female than male participants with the ratio shown by the chart below:

Table 5.1. Gender Data *source: J. Stalvey Statistical Analysis*

Female	20
Male	7

Ratio of female/male: Approximately 3/1

The female census of the entire Magnolia Manor is basically the same ratio of 3/1 as indicated above. A number of studies have been conducted over the past forty years to investigate differences in various aspects of humor. There is a large amount of data on gender differences in humor. Much of the early theory and research, prior to the emergence of the women's movement, suggested that, when it comes to humor, men are more likely to joke, tease, and kid, whereas women are more likely to act as an appreciative audience than to produce humor on their own. Studies of humor appreciation generally indicated men were more likely than women to enjoy humor containing aggressive and sexual themes, whereas women were more likely to enjoy "nonsense" or nontendentious humor. There is also evidence that both men and women tended to enjoy jokes making fun of women more than jokes targeting men.¹ The seven male participants were observed laughing more during specific exercises of role playing which had tendency of aggression such as the pie in face laughter exercise where people pretended to throw a pie at someone.

¹ Rod A. Martin, *The Psychology of Humor* (Burlington: Elsevier Academic Press, 2007), 147.

The age demographic data was recorded as follows:

Table 5.2. Age Data *source: J. Stalvey Statistical Analysis*

Age	Number of Participants
54	X
66	X
67	X
68	X
71	X
73	X X X
74	X
75	X X
76	X
77	X X
80	X
86	X X
89	X X
90	X X X
91	X X
95	X X
99	X

Age Range	54-99
Median Age	77
Mode Age	73,90
Mean Age	80.4

Range-lowest to highest age

Median- the middle age group

Mode-the age occurring most often (bi-modal-2 modes)

Mean-the average age

Data on race was evenly divided as indicated:

Table 5.3. Race Data *source: J. Stalvey Statistical Analysis*

Race	Number of Participants
Black	14
White	13

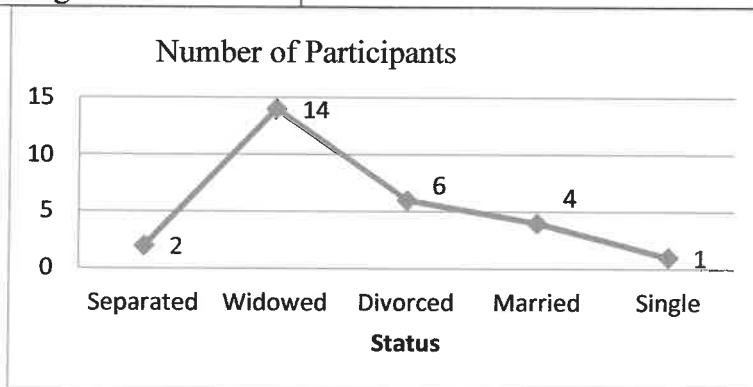
Black/White Ratio: Approximately 1/1

Marital status data indicated that a large majority of the participants had lost a spouse, were divorced or separated. This could indicate unresolved issues with loss and further study is necessary to discover if the loss may be a contributing factor to despair.

The data is reported as indicated:

Table 5.4. Marital Status Data *source: J. Stalvey Statistical Analysis*

Status	Number of Participants
Divorced	6
Separated	2
Widowed	14
Married	4
Single	1



Widowed participants out-number other marital statuses two to one. The second highest group's marital status is divorced.

The data of participants' faith preference, if any, is reported as:

Table 5.5. Religious Preference Data: *source: J. Stalvey Statistical Analysis*

Religion	Number of Participants
Baptist	9
Methodist	5
Pentecostal	1
Mormon	1
Non-Denomination	1
No Preference	10

More participants stated no religious preference or belonged to a Baptist church. Excluding no preference, Baptist participants to other religious affiliations' ratio was approximately 2/1.

The data of vocation prior to entering long term care is reported as:

Table 5.6. Previous Occupations Data: *source: J. Stalvey Statistical Analysis*

Former Occupations	Number of Participants
Retired	2
Sales	1
Railroad	1
Painter	1
Factory worker	4
Business	1
Bakery worker	1
Nurse	2
Cosmetology	1
Teacher	1
Manager	1
Disabled	2
Housewife/Homemaker	9

Most of the participants were former housewives/homemakers. This group makes up a third of the participants. Former factory workers were the second highest group-making up about 15% of the group.

A conference was held with the staff and contextual associates to set the specific dates and times for the laughter yoga therapy sessions. Emphasis was placed on residents being present on time for the sessions. The length of the sessions was set for thirty minutes each. Plans were made to gather the blood pressure data before and following the four even numbered sessions. Additional blood pressure monitors were reserved for the

large number of readings required. Additional staff to gather this data was also scheduled. Staff and contextual associates were trained to gather observation data of the participants.

A Laughter Yoga Therapy Session

The residents were brought to the activities room and assembled in a large circle. The researcher welcomed the group and explained they were selected to measure the benefits of laughter. The five key reminders were explained and it was stressed for the participants to join the session as they were able. The key reminder of no new pain was explained in detail so the participants would not do anything which could result in pain or injury. The group learned how to recognize when each exercise was completed by the researcher clapping his hands and chanting in rhythm, “Ho, Ho, Ha, Ha, Ha,” for three to four rounds. The participants were to follow the researcher’s lead and join in the hand clapping and chanting. The hand clapping is designed to increase circulation in the hands. While chanting and clapping each round, the hands are moved so as to engage arm movement as well. The group was informed about laughing and making laughing sounds. It was explained that mechanical or fake laughter was encouraged because it would lead to real laughter. Observation of the participants revealed some were hesitant to try this, however, by the end of the session everyone was observed smiling and laughing.

The first laughter yoga exercise was a simple, but familiar technique. It is called “Peek-a-Boo” laughter. The participants were to role play they were in front of a small child, placing their hands over their face, then look around saying, “Peek-a-Boo,” and laughing. It was observed that the participants were at ease with this exercise since most had done this before. The researcher explained that if this were a real moment the child would probably laugh and we were to role play laughing back. The participants were

unaware they were exercising their upper body with gentle turns and twisting, and laughing, forcing air in and out of the diaphragm. Because the participants appeared to enjoy this exercise, it was repeated for approximately forty five seconds.

The next part of the therapy was the breathing technique, which is utilized following every two or three exercises. There are many ways to do the breathing using the upper body and arms. The residents are always instructed to inhale through the nose and exhale through the mouth. They are encouraged to do this part of the therapy very slowly. Resting between the inhaling and exhaling is important to allow the fresh oxygen time to carry the oxygenated blood throughout the body. It is also important to do this slowly so as to prevent hyperventilating. The breathing techniques also allow the participants time to rest between exercises. A sample of the laughter yoga menu can be seen in the appendix on page 115 with the explanation sheet of each exercise on page 116. Because there are hundreds of laughter yoga exercises, a laughter yoga menu is prepared for each session. These are very similar in nature to a school teacher's lesson plan which guides the instructor moving the session forward.

The wrap up part of the session gave the participants instructions for the next session and explained blood pressure readings before and after the session would be gathered. The residents completed the session and it was observed they were more alert and in a better mood. As the participants were assisted in leaving the room many were explaining how much fun they had being there and that they could hardly wait to return for the next session. The nursing staff and contextual associates recognized how energized the participants were at the conclusion of the session.

Results of Data

Following the laughter yoga therapy session, participants were surveyed to answer the seven questions concerning the session. 1. When asked how they felt when they laughed, the participants reported effects such as feeling relaxed, good, happy, healthy, relieved, superb, wonderful, light-hearted, energized, and rejuvenated. 2. When asked how they would feel if they laughed more, the participants reported they thought they would feel younger, happier, better, great, have less worries, love others more, be less stressed. 3. When surveyed about what they found humorous and what made them laugh, participants' responses were they liked the way the researcher laughed, they liked the exercises because they were funny, and the other participants were funny when they laughed. 4. When asked what would make them laugh that day, the participants reported they did not know, they would have to think about it, they would be looking for things to laugh at, nothing, and funny stories. 5. When the participants were asked how often they laugh, the participants responded with, until today not very often, once a day, twice a day, I did not know I could laugh again until today, and multiple times a day. 6. When the participants were asked when the last time you laughed was, their responses were yesterday, I don't remember, a week ago, when my grandchildren came to see me, a long time ago, and maybe never. 7. When asked about how the participant valued laughter growing up the responses were high, it was important to our family, we always had laughter, it was fun, we had a happy family, my friends and I laughed a lot, I don't think we laughed very much, we were never allowed to laugh, and not enough.

The participants responded to the seven questions positively following the laughter yoga therapy sessions. How the participants may have responded to the seven

questions if asked prior to the first session, generated inquiry. Did the sessions trigger the positive responses? These seven questions could be part of the next study on a new group of participants as a pre and post testing. There appears to be good evidence that the seven questions recorded positively from the participants were in response to the laughter yoga sessions. As the sessions continued, generally the same responses were recorded following each laughter yoga session which indicates these survey inquiries generated improved moods among the participants and proved positive results for this part of the triangulation methods.

When the second laughter yoga therapy session was held blood pressure readings were gathered before and following the session. As predicted the participants' blood pressures were lowered. This was reported with the readings on the participants as indicated below. The entire readings can be seen in the appendix on page 120. An interesting observation was with the staff recording and gathering the readings. The researcher observed the staff making comparisons of the before readings and after readings when they recorded the information. The mood of the nursing staff was changed from mere functionality of job duties to surprise. If the staff was aware of the benefits of laughter prior to this data gathering, it was not discussed. Throughout the entire campus word began to spread about the blood pressure readings being lowered because of the laughter yoga therapy. From that moment inquiry began about what this thing called laughter yoga was about. The activities room has large windows where people passing in the hall can observe what is happening inside the room. The researcher observed many staff, including leadership staff dropping by to observe the laughter yoga sessions. The most prominent inquiry the researcher received was, "When can we expect all our

campuses to have a laughter yoga therapy program?” The hope level of the staff was now established. Inquiries concerning the laughter yoga therapy continue among the staff at all eight campuses of Magnolia Manor. There appears to be sufficient interest to offer training to designated staff at our multiple locations.

The blood pressure readings were administered on the four even numbered laughter yoga sessions. The data collected was analyzed by a test of significance, p-test indicated in table 5.7 on page 95. A p-test is used to test hypotheses regarding a population, calculating a p-value. This value represents the probability that a relationship one is observing is purely by chance. In other words, if a p-value of 0.03 is obtained, there is approximately a 3% chance that the relationship being observed occurred purely by chance. Small p-values, generally less than 0.05, give strong evidence against a null hypothesis. Generally, the null hypothesis is that there is no “statistically significant difference” between the means or average. Very small p-values like the ones obtained in this research provide strong evidence against a null hypothesis, and would reject H_0 , null hypothesis, in favor of H_a , the alternative hypothesis. The null hypothesis would indicate that laughter yoga does not lower blood pressure and the alternative hypothesis indicates that laughter yoga does lower blood pressure. The data gathered in this research indicates laughter yoga was a significant factor in the decreased diastolic and systolic blood pressure measures on average of 11 points as indicated in the mean readings.

Table 5.7. Blood Pressure Data *source: D. Smith Statistical Analysis*

Coded Identity	Post Systolic Mean	Pre Systolic Mean	Post Diastolic Mean	Pre Diastolic Mean
101	124.25	138.25	83.5	89.5
102	117	130.5	68	82.75
103	144.25	163	76.25	86
104	126.75	147.25	77	85.5
105	138.75	140.25	80.75	86.25
106	131.5	142	81	86.25
107	116.75	121	73.25	76
201	139.75	143.5	83.5	85.25
202	138	151.75	83.5	89
203	127.5	132.75	82.25	83.25
204	139.75	147.25	84.25	93.25
205	131.25	141.5	79.75	83.25
206	149.25	160	77.25	79
207	124.25	134.25	76	82
208	141.5	148	88.25	90.25
209	120.75	128.5	67.5	75.75
210	141.5	156	73.75	82.25
211	117.5	126.5	52.75	69.5
212	128	141	77.75	85.5
213	114	120.75	70.25	83
214	142.25	149	83	90
215	121.25	135	76.5	82
216	144.5	151	80.5	87.5
217	131	139	79.5	83
218	128.25	137.5	76.25	82
219	112.75	138	67	77.25
220	124.5	144.75	64.5	68
Mean	130.24	141.05	76.44	83.08

The mean blood pressure reading for all subjects for the four measurements is shown in the chart above. Also shown are the sample means for pre-post Systolic and Diastolic Readings. A 2-sample t-test was performed for pre-post readings to determine if the post-test readings were significantly lower than the pre-test readings. For the Systolic readings, $t = -3.7470$ and $p = .000225$. For the Diastolic readings, $t = -3.5807$ and $p = .000392$. These small p-values indicate a statistically significant difference in pre-post readings for both systolic and diastolic pressure after the laughter yoga. The research indicated positive results of participants' blood pressure being lowered significantly in this part of triangulating the methods on average of 11 points. The complete blood pressure measures for all four sessions can be seen on page 120.

The change from pretest to posttest on the Herth Hope Index was also examined. This did not report any significant change among the participants. There was some slight variance in the direction of decreased levels of despair as indicated on questions dealing with positive responses. Most of the participants maintained their responses which reported positive hope. Of the twenty seven responses on the posttest twenty one reported increased levels of hope. Midway into the research an additional instrument was administered which was the Meaning in Life Questionnaire (MLQ). The twenty seven responses recording on this survey of ten questions dealing with searching for life's meaning indicated the participants had hope or were moving in that direction. A sample of this instrument can be seen in the appendix on page 122. The participants had experienced four of the eight laughter yoga sessions when the MLQ was administered. The results indicated positive for seeking hope and meaning.

Unanticipated Results

At the end of the second laughter yoga therapy session the researcher made an observation of the residents which triggered a shift toward transcendence. As the session ended many of the participants began sharing stories or experiences which they had considered humorous. Spontaneously the group began sharing story after story or events and each time something was shared the group joined the person sharing in laughter. One person said to the group they had forgotten the event or story until this session. Other participants concurred. The residents did not want to leave the activities room. The researcher listened and laughed with the group dynamics as one story elicited the next and the next. The obvious phenomenon was multifaceted; community was experienced as each speaker was listened to; the group appeared to strengthen relationships as they

risked sharing their stories; the majority of the participants appeared to have discovered a dereflective moment to pause from their worries or despair.

When the group finally dispersed, the researcher surveyed several of the participants to discover personal reflections on the closing events. Many of the residents remarked it felt like a family reunion where close members shared special times. Others said it was a warm and good feeling and hoped it would continue. Some said they had not known that other specific participants had a sense of humor or were that funny. One participant said that it was a moment which if Jesus had come to get her, she would not mind going on to heaven; it felt so good.

Could this be a beginning of transcendence, moving from despair to meaning? Did the laughter session create a pause to reflect away from a disturbance to hope? Was this a moment for the participants to realize relief from despair? If this was a beginning of transcendence what would be necessary to continue or complete the journey to meaning and wellbeing? Obviously positive social interaction was a factor. Being accepted, building cohesiveness was a dynamic. Affirmation from the group offered positive reinforcement. The main reflection from the contextual associates discussing the results was that the participants had found a voice and an ability to let that voice be heard. Being able to verbalize good feelings and receiving affirmation for doing something which blessed others, is like being rewarded for a great accomplishment. The conclusion of this occurrence was indication Frankl's transcendence to meaning had resulted. Participants were creative in giving to the group and many experienced receiving from the group. It was also obvious many had made adjustments to their attitudes. Surely transcendence is a great accomplishment!

CHAPTER SIX

REFLECTION, SUMMARY, AND CONCLUSION

The results of this study supported the hypothesis. That is, humor and laughter can help the elderly transcend despair. It seems that individuals who engage in laughter and experience humor can move toward the will to meaning. This finding is consistent with the previous Clemson Humor Project (1989) in which that study determined exposure to humorous stimulation was an effective intervention in improving the quality of life of residents in long term care facilities. Therefore, humor and laughter can moderate the relationship between despair and worry. Future research might explore this possible moderating effect.

When persons experience despair, a totalizing loss of hope, it might be assumed people in such circumstances would be less likely to participate in a situation in which they may feel unprotected or inadequate. Because despair tends to alienate persons from socialization, it may also be assumed people would be hesitant to engage group therapy or activities for fear of negative social evaluation. Persons with despair are reported to exhibit more self-focus or self-pitying which would also presume they would likely avoid placing themselves in risky social situations. It would also be assumed that persons who despair or worry may question their ability to produce humor (laughter) in such a way others would find favorable. Certified laughter yoga instructors are trained to offer continual affirmation at the conclusion of each exercise. Group praise in laughter yoga

also helps individuals feel their participation is acceptable. A further study could be to determine whether the fear of negative evaluation affects humor and laughter production from individuals who worry or despair. Individuals who fear losing any relationships they may have might increase their despair and be less inclined to use humor and laughter for fear others would not approve of their humor.

The context associates analyzed the results of this project and research data gathered to explore future possibilities of using humor and laughter with the elderly in long term care. The results of this research study have implications for the treatment of despair. Increasing a sense of humor among those who are predisposed to despair may help residents reduce other unpleasant circumstances. In conjunction with Frankl's theory to begin with the defiant power of the spirit of an individual, using therapeutic interventions involving absurdities, humor, and laughter, could be more effective with persons of despair who report less sense of humor. This could prove to be helpful techniques for psychotherapists working with persons with despair.

To further prove the findings of this project it would be helpful to conduct similar research on individuals in multiple long term care facilities. The Clemson project attempted this and had positive results; however, the scientific reporting was limited due to lack of control over the persons responsible for implementing the study and gathering data. More strict supervision is required for accurate data to be reported. More research inclusive of larger and more diverse samples in order to replicate the findings of this study is needed for comparison. It would also be helpful to evaluate this project with any clinical value of using humor and laughter as a therapeutic technique for elderly who experience despair. Therapists report using humor and laughter in sessions, but not from

an intentional clinical study. Research of this nature should be reported to the wider community of those who study such effects of laughter and humor on the elderly.

Promoting wellbeing for elderly residents in long term care facilities is vital. Extending hopefulness through pro-active means should include laughter and humor. The many proven benefits of laughter and humor can assist caregivers to offer a complete program of care. Those who work in long term care systems should know that laughter enhances socialization and relationships, reduces tension and demands for pain medication, helps persons to relax, lowers blood pressure, enhances better mood, and many, many other benefits. For those in leadership of long term care systems knowledge that laughter and humor help staff to cope with job stress and prevent burnout should be vital to keeping staff employed longer.

More literature is welcomed concerning how long term care facilities are incorporating laughter and humor interventions into their service-delivery programs. Successful programs of intervention could be shared with networking systems so other care facilities could experiment with their elderly residents. One long term care facility measures laughter and humor experiences then laughter and humor prescriptions are written for the residents. Literature is also needed concerning those programs and experiments which were not successful. Preventing a facility from reinventing the wheelbarrow or making similar mistakes are just as important as sharing successes with laughter and humor.

Minimum observation of the professional staff who offer care in this long term care facility was made. A study could be made to investigate any differences in laughter and humor experiences between staff and residents. How hopeful are professional staff

members at such a facility? Are there differences in hope levels between residents and staff? What comparisons may be made as to the frequency of laughter resources between staff and residents? Are staff workers more or less hopeful than residents? Research studies such as these are ready for exploration and data reporting.

Once laughter is introduced or reintroduced to a resident, a vital survey question used in the personal interviews warrants additional examination. The question each participant was asked was, "What would make you laugh today?" It would be helpful for those who have a low sense of humor to be more conscious of laughter opportunities. Many of the respondents replied that people would help them to laugh. When asked to expand on that response, many of the residents recalled experiences where they had laughed with other people. The "other" people included family predominantly, but also friends and people in general. As explored earlier, many residents do not watch much television. This could be because of hearing impairments. Younger people respond that programs on television help them to laugh day by day.

Some of the residents said they would laugh more day by day if they could participate in more laughter yoga sessions. Most of the participants said they had not laughed in a long time until they came to the laughter yoga sessions. Some residents even mimic laughter yoga techniques when the researcher sees them in the hall. A study should be conducted to determine if specific activities for older adults in long term care facilities generate more enjoyment. Most of the participants in this study were eager to attend the laughter yoga sessions. After the project was completed, almost all the participants have maintained weekly attendance in the laughter yoga therapy from a

volunteer perspective. Where does laughter yoga therapy rank in resident interest compared to other activities offered in long term care facilities for the elderly?

Triangulation of the three methods of measurement revealed support for the hypothesis. Two of the measurements from the gathered data were very effective revealing laughter and humor help the elderly transcend despair. Those two methods were the blood pressure recordings and the personal interview questions. The participants were amazed how their blood pressure had decreased following the sessions. The pretest and posttest indicated positive results for the hypothesis that hope levels were higher after the completion of the project. However more research should be conducted to determine if the Herth Hope Index is a valid instrument to gather data from research of this nature.

Other benefits were recorded from the research which helped to identify future opportunities of utilizing humor and laughter with older adults in long term care facilities. The most important finding is to have numerous opportunities incorporated in the programs for residents to laugh each day. This would be particularly helpful for those persons who exhibit lower hope and who may need more external stimuli to laugh than those who exhibit higher hope. Because the majority of activities for older adults are in group socialization, interjecting humor activities appropriate for each group is important. Men and women laugh at different things. Gender differences require research and experimentation with what initiates laughter. Many long term care facilities have a higher female census than male. Surveys for the male residents may reveal more involvement with humor and laughter if it is determined what things make men laugh. Additional research for diverse religious backgrounds, cultural backgrounds, and socioeconomic levels to determine effects of laughter from older adults would be beneficial. Surveys

with the resident population could help determine the different types of fun, entertainment, programs, and humor that would be accepted. Researching community resources for those who help persons to laugh, such as clowns and other entertainers would increase opportunities for programs. An in-house variety show highlighting residents' talents and skills could also be a possibility. Residents may be the best resource activity directors possess in discovering what will help bring more humor and laughter into the facility. Hosting a "laugh day" where people can enjoy persons or movies which make them laugh is another possibility. Creating a rolling laughter cart, with humor videos, DVDs, and humor books, for those who are limited to their rooms or beds can give residents the opportunity to spread humor and laughter to everyone in their facility.

Those activities which are geared to including children and youth help to bring smiles and laughter to residents. Local schools, worship centers, and youth clubs offer unlimited resources to incorporate laughter for residents. Children love to demonstrate and older adults are most receptive. Combining the two creates a recipe for fun. The tradeoff for the younger people and elderly is intergenerational experience. Because of our mobile society some children and youth are at great distances from grandparents. Opportunities for children to interact with older adults can be rewarding.

There were a few residents who could not respond to what would make them laugh more each day. Individual counseling may be necessary to assess what barriers are blocking humor appreciation. Further diagnosis from the medical staff may indicate other conditions preventing the person from enjoying life.

These results give worthwhile information to the community who study hope, humor, and laughter. Residents reported they felt much better when they laughed. Even

those who reported they seldom laughed indicated they were in a better mood when they laughed. It is crucial for professional staff to increase opportunities for humor and laughter for the elderly residents in long term care facilities. Offering humor and laughter with an intent to raise hope levels in residents will help to enhance wellbeing in the lives of those who live out the last years of their lives.

A degree is a prestigious honor to achieve, however, even though the title is important, the focus has always been on the passion of the writer. When knowledge was disclosed about the new emphasis on Spirituality and Aging at United Theological Seminary, the connection was made between residents of a long term care facility and improving their quality of life. For over thirty years, the writer has been actively engaged in helping people to laugh and instill humor in their lives. To be able to combine a degree and study one's passion is a rewarding experience.

The goal has been to help the residents of Magnolia Manor discover meaning in their last stage of life, as Erikson would express. If the Creator likes the beginning product expressing, "It is good," then why can't the end of life also be a celebration instead of regret and despair. Helping residents transcend to meaning has been an exhilarating experience. But others need to join the research journey and help discover more fully how humor and laughter affect the elderly. Earlier it was discussed that to study laughter is to expose its fragility risking the authenticity of its effects. This is the risk Gelotologists have when they place laughter under the microscope. It is necessary to understand more clearly how a Complementary and Alternative Medicine works to generate its full impact. Laughter is good therapy or medicine. It has many qualities and is readily accessible to everyone, even those in unavoidable circumstances. Perhaps that

is the clue: we need to give people permission to laugh in the face of despair. What a wonderful tee shirt slogan: “You Have My Permission to Laugh!” What if doctors and therapists wrote a prescription for patients to laugh three times a day? Would more people engage laughter as a remedy or therapy?

This research project has opened the door for further exploration of how laughter and humor can help the elderly maintain and discover meaning. The turning point which revealed the transcendence to meaning was happening was when residents claimed their voices and began to share in community. An indicator laughter is beneficial to help persons toward meaning is socialization. The residents came alive as they shared story after story of humorous events in their past. Remembering meaningful meanings from the past helps persons engage life. Frankl’s identification of experience in a person’s life having meaning is one indication that meaning is present.

The next step in this process would be to find ways for the residents to continue their voice so they can share their meaningful moments. Facilitators with good listening skills can encourage residents to express more fully those meaningful stories. One point of information is crucial at this stage; groups need to risk being open to residents sharing more deeply their experiences of unavoidable circumstances. Good group dynamics supporting such risks and maintaining affirmation of individuals, who open themselves allowing others to hear their pain and despair, can be a healing process. It is crucial that those who lead such groups have adequate training in this area. If the same group which participated in the laughter yoga sessions convened in other sessions, perhaps the risk to share their voices would be minimized due to the fact the original group has been so

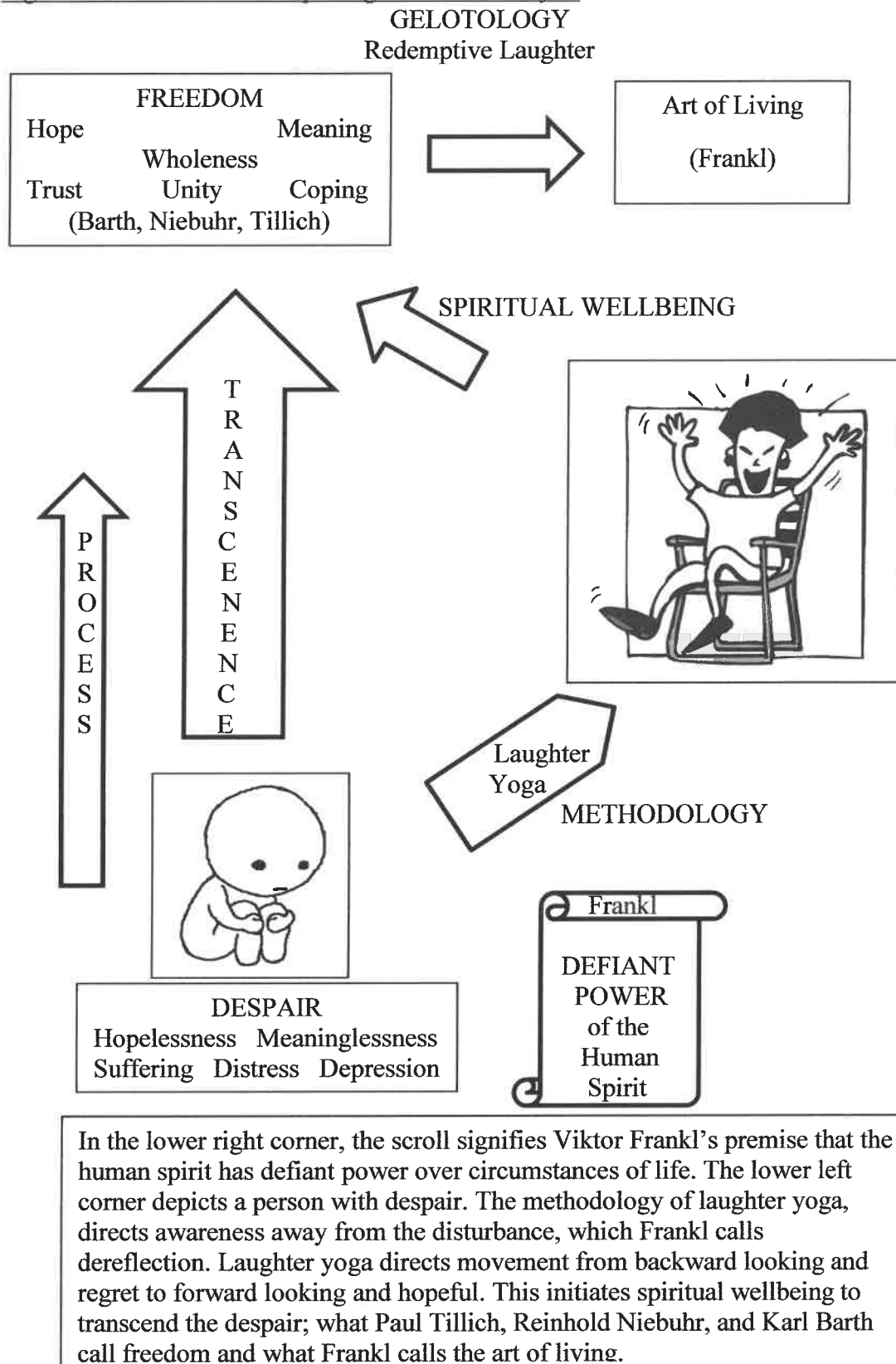
supportive and affirming. This could be another project of helping the elderly transcend their despair to discover more fully the meaning of their lives.

Theologically the writer sees laughter and humor as gifts from God which should be used as any other gift from the Creator; with care and good stewardship. Humor which is demeaning and degrading is not the proper use of the gift. There is research ongoing as to why this type of humor is acceptable by individuals. There is good and bad humor in the world as observed by both secular and religious persons. Preaching morality about humor may be called into question from a psychotherapeutic level; however, the real measurement of humor determines how it enhances or demotes a relationship with God. The bible portrays both kinds; that which condemns, such as the Roman soldiers mocking Jesus, and that which is praiseworthy, such as many of Jesus' parables which were funny when used to silence those who usurped power over the powerless. Frankl's Logotherapy is an individual's search for meaning to be fully human. To be fully human theologically is to discover God's intention or purpose. One of the main purposes God intended is a relationship of joy and happiness. The Logos or Word interprets joy as being happiness in God; *the joy of the Lord is my strength*, Nehemiah 8:10. So like the ending line in Frankl's book: may this be the lesson to learn from this research project.

APPENDIX A

VISUAL CHART DEPICTING RESEARCH ANALYSIS

Figure A.1. Visual Chart Depicting Research Analysis



APPENDIX B

HERTH HOPE INDEX

Figure B.1. Herth Hope Index

HERTH HOPE INDEX

Study No. _____

Listed below are a number of statements. Read each statement and place an [X] in the box that describes how much you agree with that statement *right now*.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a positive outlook toward life.				
2. I have short, intermediate, and/or long range goals.				
3. I feel all alone.				
4. I can see a light in a tunnel.				
5. I have a faith that gives me comfort.				
6. I feel scared about my future.				
7. I can recall happy/joyful times.				
8. I have deep inner strength.				
9. I am able to give and receive caring/love.				
10. I have a sense of direction.				
11. I believe that each day has potential.				
12. I feel my life has value and worth.				

Source: © 1989 by Kaye Herth¹

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¹ Herth, K., "Abbreviated Instrument to Measure Hope: Development and Psychometric Evaluation," *Journal of Advanced Nursing* 17, (1992): 1251-1259.

APPENDIX C

CONSENT FORM

Figure C.1. Consent Form *Source: Magnolia Manor Corporation*

OFFICE OF THE CHAPLAIN



RESEARCH PARTICIPANT CONSENT FORM

RESEARCH PARTICIPANT'S RIGHTS:

- To be told what the study is trying to find out;
- To be told about the frequent and or important risks, side effects or discomforts of the things that will happen to me for research purposes;
- To be told if I can expect any benefit from participating, and, if so, what the benefit might be;
- To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study;
- To refuse to participate at all or to change my mind about participation after the study is started; and
- To be free of pressure when considering whether I wish to agree to be in the study.

TITLE OF PROJECT:

How Humor and Laughter Help Elderly Persons Transcend Despair

PRINCIPAL RESEARCHER'S NAME:

Chaplain Dennis Stalvey

PURPOSE OF RESEARCH:

You are being invited to participate in a research study about how laughter yoga helps persons. This study is being conducted by the Senior Chaplain from the Spiritual Care Department of Magnolia Manor. This research study is part of the requirements for a Doctor of Ministry Project.

RISKS TO PARTICIPANT, IF ANY:

There are no known risks if you decide to participate in this research study. There are no costs to you for participating in the study. The information you provide will be used for specific research data and all will be kept *confidential*. The questionnaires will take approximately thirty minutes to complete. The information collected may not benefit you directly, but the information learned in this study should provide more general benefits.

SPECIFIC PROCEDURES TO BE USED:

The participants will be asked to attend eight (8) sessions of laughter yoga to be held in the Nursing Center Activities Room. The participants will utilize laughter and gentle upper body exercise as they are able. Each session will last approximately thirty minutes. Each participant will have blood pressure screenings for four of the eight sessions. These blood pressure screenings will be taken before and after the sessions. Additionally, participants will be asked participate in specific surveys orally to determine other effects and benefits of these sessions.

DURATION OF PARTICIPATION:

No advance preparation is necessary. The participant should be present in the room where the sessions are to be held approximately fifteen minutes before each session is scheduled to begin.

BENEFITS TO THE INDIVIDUAL:

The participant can expect to experience feelings of wellbeing during and following the laughter yoga sessions. Other positive physiological effects may also occur.

VOLUNTARY NATURE OF PARTICIPATION:

I do not have to participate in this research project. If I agree to participate I can withdraw my participation at any time without penalty. My participation in this study is voluntary. I am free to decline to answer any particular question I do not wish to answer for any reason.

HUMAN SUBJECT STATEMENT: If I have any questions about this research project, I can contact Chaplain Dennis Stalvey. The phone number is 229-931-5970. The email address is dstalvey@magnoliamanor.com.

Thank you for your time.

I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND AM PREPARED TO PARTICIPATE IN THIS PROJECT.

Participant's Signature

Date

Participant's Name

Researcher's Signature

Date

APPENDIX D

LAUGHTER YOGA MENU

Figure D.1. Laughter Yoga Menu

Today's Laughter Menu		004
<p style="text-align: center;">Five Steps Process</p> <ol style="list-style-type: none"> 1. Understand the context: who, what, why 2. Tune up: protocol review, group practice (clapping, breathing, 5 key reminders) 3. Laughter workout 4. Laughing meditation 5. Wrap up 	<ol style="list-style-type: none"> 1. Greeting laughter 2. Silent and compressed laughter 3. Credit card bill laughter 4. Run shaking laughter 5. Champion weightlifter laughter 6. Laughter cream 7. Rowing laughter race 8. Ear-wiggle laughter 9. Ice-cube down the back laughter 10. Radio happiness 11. Lion laughter 12. Laugh as you throw away your worry basket <p>Very good, very good, yes!</p>	
<p style="text-align: center;">Five Key Reminders</p> <ol style="list-style-type: none"> 1. Enjoy! No new pain 2. Make eye contact and interact lots 3. Just laughter, no talking 4. Act it out: fake is fine 5. Be enthusiastic <p style="text-align: center;">Then</p> <p>Declare * Demonstrate * Do</p>		
<p style="text-align: center;">Key Words</p> <p>Authenticity * Fluidity * Safe Fun * Fast * Fresh * Health Joy * Community</p>		

Figure D.2. Laughter Yoga Menu Descriptions

1. Greeting laughter: laugh as you greet one another (no words, only laughter).
2. Silent and compressed laughter: Laugh with your mouth closed and without making sounds.
3. Credit card bill laughter: open an imaginary credit card statement that shows a big refund. Manifest your surprise and joy laughing
4. Rug shaking laughter: laugh as you shake out a rug full of dust.
5. Champion weightlifter laughter: imagine you are a weightlifting champion. Make an "aeaeae" sound as you struggle to pick up a very heavy weight, and laugh when you eventually get it over your head.
6. Laughter cream: Apply the cream all over your face, head, and laugh.
7. Rowing laughter: laugh as you row an imaginary boat.
8. Ear-wiggle laughter: Laugh as you wiggle your ear.
9. Ice-cube-down the back laughter: laugh as you wiggle, trying to get rid of an imaginary ice cube in your shirt.
10. Radio happiness: Laugh as you send and receive laughter airwaves!
11. Lion laughter: open your mouth wide, stick your tongue out all the way, use your hands as if they were paws, and laugh like you imagine a fierce lion would laugh.
12. Throw away your worry basket: Put your worries in a basket and throw away.

Source: Laughter Yoga Certification Training Materials: Create a Laughter Menu
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APPENDIX E

PARTICIPANT DEMOGRAPHIC ANALYSIS

Table E.1. Participant Demographic Analysis

Identity	Gender	Age	Race	Marital Status	Religion	Previous Occupation	Psychological Diagnosis
101	M	77	B	Divorced	Baptist	Retired	Depressive Disorder
102	M	80	B	Separated	Baptist	Sales	Episodic Mood Disorder
103	M	86	B	Widowed	Baptist	Railroad	Depressive Disorder,
104	M	76	B	Divorced	None	Painter	Idio Periph Neuropathy
105	M	71	B	Divorced	None	Factory	Cerebral Artery Occ
106	M	73	W	Divorced	None	Business	Depressive Disorder
107	M	91	W	Widowed	Methodist	Retired	Anxiety State Nos
201	F	95	B	Widowed	None	Housewife	Alzheimer's Disease
202	F	91	B	Widowed	None	Housewife	Depressive Disorder
203	F	73	B	Divorced	Pentecostal	Bakery	Idio Periph Neuropathy
204	F	54	B	Separated	Baptist	Disabled	Depressive Disorder
205	F	86	B	Divorced	Baptist	Nurse	Depressive Disorder
206	F	68	B	Widowed	Nondenom	Factory	Paranoid Schizo-Unspec
207	F	73	B	Widowed	Baptist	Housewife	Neurologic Neglect Syn
208	F	89	B	Widowed	Baptist	Housewife	Altered Mental State
209	F	74	B	Widowed	None	Housewife	Depressive Disorder
210	F	99	W	Married	None	Cosmetologist	Altered Mental State
211	F	90	W	Married	Baptist	Factory	Depressive Disorder
212	F	95	W	Widowed	None	Housewife	Altered Mental State
213	F	67	W	Widowed	Baptist	Factory	Sleep Disorder
214	F	77	W	Widowed	None	Housewife	Anxiety State Nos
215	F	75	W	Married	None	Housewife	Personality Disorder
216	F	89	W	Widowed	Mormon	Nurse	Depressive Disorder
217	F	90	W	Married	Methodist	Teacher	Senile Dementia Uncomp
218	F	90	W	Widowed	Methodist	Manager	Malaise and Fatigue Nec
219	F	66	W	Single	Methodist	Disabled	Depressive Disorder
220	F	75	W	Widowed	Methodist	Homemaker	Depressive Disorder

APPENDIX F

COMPLETE BLOOD PRESSURE DATA

Table F.1. Complete Blood Pressure Data: First Number=Systolic Reading/Second Number=Diastolic Reading

Coded Identity	BP Before Session 2	BP After Session 2	BP Before Session 4	BP After Session 4	BP Before Session 6	BP After Session 6	BP Before Session 8	BP After Session 8
101	136/88	121/83	139/90	124/86	131/87	126/84	147/93	126/81
102	135/75	117/59	131/82	116/67	129/88	117/72	127/86	118/74
103	162/84	133/75	171/83/	152/79	170/88	156/74	149/89	136/77
104	145/87	133/79	147/84	128/76	153/88	124/77	144/83	122/76
105	139/88	136/81	142/86	140/78	137/83	133/80	143/88	146/84
106	146/84	131/81	147/83	134/77	138/91	131/87	137/87	130/79
107	118/71	116/70	124/75	117/72	119/74	116/74	123/84	118/77
201	143/82	136/76	142/87	146/90	148/84	137/84	141/88	140/84
202	153/91	141/84	149/86	131/80	151/87	143/82	154/92	137/88
203	132/84	127/81	136/82	131/82	129/81	124/83	134/86	128/83
204	151/98	142/84	147/90	139/81	146/94	131/80	145/91	147/92
205	138/81	128/76	142/84	130/80	145/83	136/82	141/85	131/81
206	172/74	161/72	154/79	142/75	167/80	153/79	147/83	141/83
207	137/84	124/73	133/81	124/78	131/82	126/77	136/81	123/76
208	154/92	137/84	144/89	136/88	141/90	137/88	153/90	156/93
209	132/76	125/66	127/74	119/67	130/77	122/68	125/76	117/69
210	160/81	148/73	156/84	141/77	160/83	146/72	148/81	131/73
211	128/70	118/49	126/67	117/56	123/68	116/59	129/73	119/47
212	143/86	127/76	136/84	128/82	138/83	121/76	147/89	136/77
213	117/84	114/57	123/88	112/86	124/81	116/67	119/79	114/71
214	154/90	143/81	148/89	141/79	151/93	139/82	143/88	146/90
215	136/82	121/76	134/81	121/77	134/81	119/76	136/84	124/77
216	156/89	138/76	153/88	154/86	144/81	140/74	151/92	146/86
217	143/82	138/80	136/81	123/72	141/81	128/82	136/88	135/84
218	137/84	123/74	141/79	133/74	134/81	121/76	138/84	136/81
219	141/75	105/64	131/76	114/68	143/79	113/71	137/79	119/65
220	153/65	128/64	147/70	121/66	141/67	123/61	138/70	126/67

APPENDIX G

MEANING IN LIFE QUESTIONNAIRE

Figure G.1. Meaning in Life Questionnaire

MLQ

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't Say True or False	Somewhat True	Mostly True	Absolutely True
1	2	3	4	5	6	7

1. _____ I understand my life's meaning.
2. _____ I am looking for something that makes my life feel meaningful.
3. _____ I am always looking to find my life's purpose.
4. _____ My life has a clear sense of purpose.
5. _____ I have a good sense of what makes my life meaningful.
6. _____ I have discovered a satisfying life purpose.
7. _____ I am always searching for something that makes my life feel significant.
8. _____ I am seeking a purpose or mission for my life.
9. _____ My life has no clear purpose.
10. _____ I am searching for meaning in my life.

MLQ syntax to create Presence and Search subscales:

Presence = 1, 4, 5, 6, and 9-reverse-coded

Search = 2, 3, 7, 8, and 10

Source: www.ppc.sas.upenn.edu/ppquestionnaires.htm

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BIBLIOGRAPHY

- Atchley, Robert C. *Spirituality and Aging*. Baltimore: The John Hopkins University Press, 2009.
- Baudelaire, Charles, ed., Peter Quennell. *The Essence of Laughter and More Especially of the Comic in Plastic Arts*. New York: Meridian Books, 1956.
- Bogdan, R. C., and S. K. Biklin. *Qualitative Research in Education: An Introduction to Theory and Methods*. Boston: Allyn and Bacon, 2006.
- Capon, Robert Farrar. *The Third Peacock, the Problem of God and Evil*. San Francisco: Harper and Row Publishers, 1986.
- Chapman, Antony J. and Hugh C. Foot. *It's A Funny Thing, Humor*. Oxford, Pergamon Press, 1977.
- Chrysostom, Saint John. *On the Priesthood; Ascetic Treatises; Select Homilies and Letters; Homilies on the Statues*. Vol. 9 of *A Select Library of the Nicene and Post-Nicene Fathers of the Christian Church*, ed. Philip Schaff. New York: The Christian Literature Co., 1889.
- Cousins, Norman. *The Healing Heart*. New York: Avon Books, 1983.
- Daniel, L. Migliore. "Reappraising Barth's Theology." *Theology Today*/43, no. 3, Oct. 1986.
- DeCou, Jessica N. *Too Dogmatic for Words, Karl Barth's Comic Theology*. Chicago: University of Chicago Divinity School, 2011.
- Erikson, Erik H. *Vital Involvement in Old Age*. New York: W. W. Norton & Co., 1986.
- Ewers, M., S. Jacobson, V. Powers, and P. McConney. *Humor, the Tonic You Can Afford: A Handbook of Ways of Using Humor in Long Term Care*. Los Angeles: Ethel Percy Andrus Gerontological Center, 1983.
- Farran, C. J., K. A. Herth, J. M. Popovich. "Hope and Hopelessness." *Sage*, 1995.
- Frankl, Viktor. *The Unheard Cry for Meaning*. New York: Washington Square Press, 1978.
- _____. *The Will to Meaning*. New York: Meridian, 1969.

- Freud, Sigmund. *Collected Papers Vol. 1*. New York: Springer-Verlag, 1959.
- Fry, Christopher. *Comedy Essay*. Corrigan, Robert W. *Comedy: Meaning and Form*. San Francisco: Chandler Publishing Company, 1965.
- Fry, W. F. "The Biology of Humor." *Humor: International Journal of Humor Research* 7, 1994.
- Gould, W. B. *Viktor Frankl – Life With Meaning*. Pacific Grove: Brooks/Cole Publishing, 1993.
- Graber, Ann V. *Viktor Frankl's Logotherapy*. Lima: Wyndham Hall Press, 2004.
- Huck, S. W. and W. H. Cormier. *Principles of Research Design*. New York: Harper Collins, 1996.
- Hyers, Conrad. "Christian Humor: Uses and Abuses of Laughter." *Dialog* 22, 1983.
- _____. *Holy Laughter*. New York: The Seabury Press, 1969.
- Ice, Jackson Lee. "Notes Toward a Theology of Humor." *Religion in Life* 42 1973.
- Kierkegaard, Soren. *Concluding Unscientific Postscript*. Tr. David Swenson and Walter Lowrie. Princeton: Princeton University Press, 1941.
- _____. *Fear and Trembling and the Sickness Unto Death*. New York: Double Day, 1955.
- Lane, Belden C. "God Plays Rough for Love's Sake." *Christian Century* 104, October 14, 1987.
- MacKinlay, Elizabeth. *Spirituality of Later Life: On Humor and Despair*. New York: The Haworth Press, 2004.
- McGuire, Francis A., Rosangela K. Boyd, Ann James. *Therapeutic Humor with the Elderly*. New York: The Haworth Press, 1992.
- Martin, James. *Between Heaven and Mirth*. New York: Harper One, 2011.
- Martin, Rod A. *The Psychology of Humor*. Burlington: Elsevier Academic Press, 2007.
- Morreall, John. *Taking Laughter Seriously*. Albany: State University of New York Press, 1983.
- Muck, Terry. "Seriously Folks." *Christianity Today*, February 19, 1990.
- Niebuhr, Reinhold. *Humor and Faith*. New York: Charles Scribner and Sons, 1946.
- Niedenthal, Morris J. "A Comic Response to the Gospel." *Dialog* 25, 1986.
- Nouwen, Henri J. *Reaching Out*. New York: Doubleday, 1975.

- Radday, Yehuda T. *On Humour and the Comic in the Hebrew Bible*. Sheffield, England: The Almond Press, 1990.
- Thomson, Heather. "Lift Up Your Hearts: Humour and Despair in Later Life." *Journal of Religious Gerontology* 16, No. 3/4, 2004.
- Thorson, James A. "No Laughing's the Matter." *Spirituality & Health*, March/April 2004.
- Vasey, George. *A Philosophy of Laughter and Smiling*. London: J. Burns, 1877.
- Vos, Nelvin. *The Drama of Comedy: Victim and Victor*. Richmond: John Knox Press, 1966.
- Whedbee, J. William. *The Bible and the Comic Vision*. Cambridge, United Kingdom: Cambridge University Press, 1998.